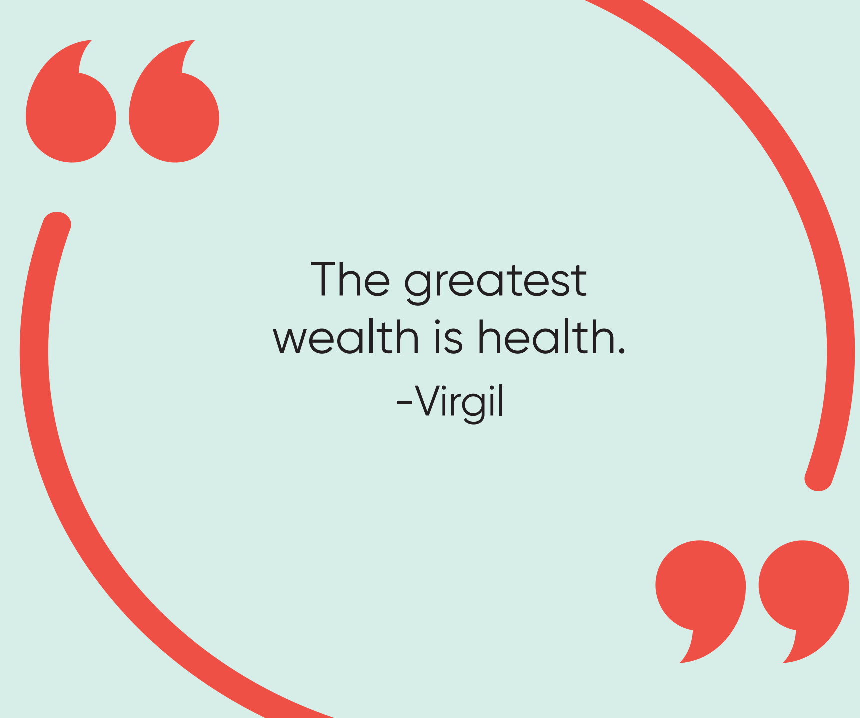
May 2026

Vol. 3 Iss.1

Journal of the Global Health Academy



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EDITORIAL

A Journal for Our Global Health Community: From Shared Experience to Shared Scholarship

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It is my great pleasure to introduce this issue of the Journal of the Global Health Academy. Each issue of this journal represents more than a collection of manuscripts; it is a reflection of our growing global health community, the diversity of our partnerships, and the shared commitment that brings together clinicians, educators, students, researchers, nurses, public health professionals, institutional leaders, and community partners across borders.

The articles and reflections in this issue remind us that global health is not a distant concept or an abstract academic discipline. It is lived every day in clinical encounters, classrooms, community settings, health systems, and partnerships. It is present in the difficult questions raised by social determinants of health, in the policy failures that shape workforce well-being, in the realities of trauma care under resource-limited conditions, and in the practical work of building sustainable academic and clinical collaborations. It is also present in the deeply human experiences of students, nurses, faculty, coordinators, and community members whose voices help us understand what global health means in practice.

This issue brings together a wide range of contributions. Several manuscripts challenge us to look critically at health systems and the structural barriers that influence patient outcomes and healthcare delivery. Others highlight the power of academic exchange, community engagement, and reciprocal learning through partner-site experiences in the Philippines and the Dominican Republic. The clinical case from Uganda demonstrates the importance of judgment, adaptability, and innovation in resource-limited trauma care. The nursing-focused pieces remind us that nurses are not only essential members of global health teams, but often leaders at the frontlines of community-based care. The student perspective and program highlights further underscore the educational mission of the Global Health Academy and the importance of preparing the next generation of global health leaders.

Taken together, these contributions illustrate the breadth of work that belongs in a global health journal. Scholarship in global health should not be limited to traditional research articles alone. It should also include thoughtful reflections, field reports, clinical cases, program descriptions, viewpoints, policy analyses, educational innovations, and community-based experiences. Some of the most important lessons in global health emerge from practice: from the challenges of hosting visiting learners, the logistics and ethics of community engagement, the adaptation of clinical care to local realities, and the personal transformation that occurs through respectful, reciprocal exchange.

This is precisely the purpose of the Journal of the Global Health Academy: to provide a voice for our entire global health community. We want this journal to be a platform where colleagues from all partner sites, disciplines, and levels of training can share their experiences, insights, and scholarship. We especially encourage submissions from our international partners, trainees, nurses, allied health professionals, faculty, and community collaborators. The strength of our Academy lies in the diversity of its perspectives, and the strength of this journal will depend on our willingness to listen to, learn from, and publish those perspectives.

As we continue to grow, we also recognize that the journal itself must evolve. We are now taking important steps to

strengthen our editorial structure, improve the submission process, and build the foundation for the journal's future development. New editorial policies are being implemented and rolled out, including updated guidelines for authors and an electronic manuscript submission form. These resources are available on the Global Health Academy's website and are intended to make the submission process clearer, more accessible, and more consistent for authors.

These changes are more than administrative improvements. They represent an important milestone in our path toward becoming a peer-reviewed journal with the standards, processes, and editorial rigor necessary for future indexing by major indexing agencies. This will take time, sustained effort, and careful development. However, the direction is clear. We are building a journal that reflects the values of the Global Health Academy: equity, reciprocity, academic excellence, capacity building, and respect for local knowledge and lived experience.

To our readers and colleagues, I would like to extend a sincere invitation: please consider contributing to the journal. If you have participated in a global health elective, hosted learners at your institution, developed a new curriculum, led a community health initiative, encountered an instructive clinical case, conducted research, reflected on a partnership, or learned an important lesson from the field, your experience may be valuable to others. Writing for the journal is not only an academic exercise; it is an act of sharing. It allows our community to learn collectively, avoid repeating mistakes, celebrate successes, and document the growth of our partnerships over time.

I also want to express my deepest gratitude to the Core Editorial Team. Their work has gone far beyond editing individual manuscripts. They have worked tirelessly to assemble this issue, support authors, review submissions, improve editorial processes, and help make strategic decisions about the future direction of the journal. Their dedication, professionalism, and vision are helping transform the journal from an internal publication into a stronger scholarly platform for our global health community.

Finally, I thank all the authors who contributed to this issue. Your voices give life to the journal. Your willingness to share your work, reflections, and experiences strengthens our collective mission. As the Global Health Academy continues to grow, this journal will remain one of the important ways we document our journey, amplify the voices of our partners, and build a shared record of learning, service, scholarship, and collaboration.

With this issue, we celebrate not only what has already been accomplished, but also what is ahead. The Journal of the Global Health Academy is still growing, and its future will be shaped by all of us. I encourage every member of our global health community to see this journal as your platform, your voice, and your opportunity to contribute to the shared scholarship of global health.

The Screening Paradox: When Good Intentions Meet Systemic Barriers in Addressing Social Determinants of Health

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During my medical school psychiatry clerkship, I participated in a case that taught me a profound lesson. During a consultation to the emergency department, we encountered a patient who was brought in by law enforcement after attempting to take her own life by trying to jump off an overpass. Fortunately, the police department had a specialized mental health unit who was able to talk the patient literally off the ledge. Now it was up to us to determine how to best help this patient. During our interview, we learned that the patient was being treated for terminal cancer and was dealing with significant personal difficulties. These difficulties made her feel that she was a burden to her family and ultimately fueled her suicide attempt. The traditional approach to a patient with active suicidal ideation is to admit them to an inpatient psychiatric ward for their own safety. My preceptor that day took a very different approach. He took his time exploring the difficulties that the patient was facing and, working with the police department's psychiatric unit and their social workers was able to address each individual need to the patient's satisfaction. In the end, he decided that admitting the patient to the inpatient unit would not help her case; instead, it would add to the patient's distress. During all my time in medicine, I had not seen anything like this. To ensure we made the right call, I communicated with the police department's psychiatric unit throughout the week and was elated to learn the patient was progressing very well.

I have been fortunate to not only begin my medical career at an institution that values addressing the social determinants of health (SDOH), but to also enter medicine during a transformative period when our field has finally recognized that addressing these social factors is fundamental to truly practicing preventive care. Yet this recognition has not automatically erased the profound difficulties inherent in confronting these systemic obstacles. Instead, it has revealed a troubling paradox at the heart of contemporary healthcare delivery.

The momentum behind SDOH screening appears unstoppable. Recent data reveal that 79.2% of U.S. hospitals now screen patients for at least one health-related social need, with food insecurity and interpersonal violence emerging as the most commonly assessed domains.1 This represents a remarkable shift in clinical priorities and evidence that healthcare systems are finally acknowledging what marginalized communities have long understood: that health is determined as much by ZIP code as by genetic code. Nearly 80% of these hospitals report having strategies to address identified needs, suggesting a genuine commitment to action rather than mere documentation.[1]

Yet as I navigate the realities of clinical practice in this new era, I find myself increasingly frustrated by the chasm between institutional intent and frontline reality. The very tools designed to identify and address patient needs often become sources of tension and moral distress for both providers and patients.

The Time Paradox

The first barrier manifests in the relentless pressure of clinical time. Each social needs screening, each follow-up conversation, each attempt to navigate community resources adds minutes to encounters already constrained by impossible productivity metrics. Research confirms what I experience daily: providers report that administering screenings, interpreting results, and addressing identified needs create substantial burden on already strained workloads.2 The time required to conduct screenings and follow through on positive results competes directly with other clinical priorities such as diagnosis, treatment planning, medication reconciliation, and patient education.[3]

This is not a matter of clinician indifference. Rather, it reflects a healthcare system that has added SDOH screening as one

more checkbox without fundamentally restructuring workflows or providing adequate support. We are asked to do more with less, to address centuries of structural inequality during fifteen-minute appointments, to somehow balance the immediate medical crisis with the chronic social crisis, all while maintaining the impossible facade that we are providing comprehensive, patient-centered care.

The Training Gap

Beyond time constraints lies an equally troubling inadequacy in training and resources. Many providers, myself included, feel inadequately prepared to navigate screening tools and uncertain about how to effectively use the results.2 Medical education teaches us to diagnose disease and prescribe treatment, but rarely equips us to address homelessness, food insecurity, or intimate partner violence. We receive sophisticated training in reading electrocardiograms but minimal preparation for reading the social landscape of our patients' lives.

Perhaps most critically, many practices lack dedicated social workers or resource navigators to connect patients with community resources and provide follow-up support.[2] Without these essential team members, the burden falls entirely on physicians and nurses who are neither trained nor positioned to effectively bridge the gap between clinical diagnosis and social intervention. We identify the problem, but we cannot track whether our referrals succeed, whether patients actually receive assistance, and most importantly, whether the intervention makes any meaningful difference.[3] This tracking failure transforms potential solutions into sources of profound professional dissatisfaction and moral injury.

Patient Perspectives and the Ethics of Screening

The challenges extend beyond provider experience to patient reception of screening itself. Patients may view screening questions as intrusive or offensive, particularly regarding sensitive topics like violence, abuse, or financial hardship.[2] These concerns reflect valid fears about confidentiality and potential legal consequences. Parents worry about being reported for child maltreatment simply because they cannot afford adequate food.3 Survivors of violence fear documentation that might be used against them. Immigrants increasingly worry that disclosure might affect their legal status or access to public benefits.

When screening occurs without adequate capacity to provide meaningful assistance, it compounds these harms. We ask patients to disclose their most vulnerable circumstances, their hunger, their unsafe housing, their abusive relationships, and then too often have nothing substantial to offer in response. This is not patient-centered care; it is extractive data collection that serves institutional metrics while failing the humans we claim to serve. It erodes trust precisely when trust is most needed.

The System-Level Reality

The disconnect between identifying social needs and having capacity to address them represents a fundamental tension in implementation.[3] Healthcare systems have enthusiastically adopted screening while failing to invest proportionally in community resources, care coordination infrastructure, or systemic solutions. The result is a theater of concern: we document the problem extensively while lacking the resources or political capital to solve it.

This reality led the American College of Preventive Medicine in 2025 to issue a stark recommendation: health systems should screen for health-related social needs only when sufficient systems exist to address identified needs.[4] This guidance, though sensible, feels like a defeat, an acknowledgment that our healthcare system cannot or will not provide the comprehensive support that would make screening ethically defensible and clinically meaningful.

The Path Forward

Despite these profound challenges, I remain cautiously hopeful. Research indicates that most clinicians who have implemented screenings report positive experiences overall. They note that it improves patient-clinician relationships and uncovers socioeconomic issues not identified through routine clinical care.[2,3] This suggests that the problem lies not with screening itself, but with how we have implemented it: as an isolated intervention rather than as one component of a comprehensive system of care.

Effective implementation requires several fundamental shifts. First, payment models and policies must support addressing SDOH both within and outside healthcare settings, as exemplified by initiatives like Maryland's Total Cost of Care Model.5 Second, we need substantial investment in social work and care navigation infrastructure to bridge the gap between identification and intervention. Third, we must develop robust partnerships with community organizations and social service agencies, leveraging platforms like findhelp.org, Unite Us, and 211 to facilitate referrals at the point of care.[6]

Most importantly, we need honest acknowledgment of what screening can and cannot accomplish. Screening tools can

identify social needs; they cannot remedy the structural inequities that create those needs. True health equity requires political will, sustained investment in social infrastructure, and fundamental redistribution of resources. These are interventions far beyond the scope of any clinical screening program.

Conclusion

I entered medicine believing that good intentions and evidence-based practice would be sufficient to improve patient outcomes. My experience with SDOH screening has taught me otherwise. Good intentions without adequate systems create frustration, moral distress, and potentially harm the very patients we seek to help. Evidence based practice means not only identifying what works but also acknowledging when we lack the infrastructure to implement it ethically and effectively.

The current state of SDOH screening represents both tremendous progress and profound failure. We have acknowledged that health is social; now we must build systems that can truly address the social determinants we so dutifully document. Until we do, each screening question we ask patients to answer remains a broken promise, a reminder of how far we still have to go to deliver the comprehensive, equitable care that every patient deserves. I hope the case I witnessed in the emergency department does not become an exception; I hope it becomes the norm.

Conflict of Interest Statement: The author declares no conflicts of interest.

Author Contribution: J.R. conceptualized the manuscript, conducted the literature review, drafted the initial manuscript, and finalized all revisions.

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The Hidden Cost of Nurses' Overtime: A Policy Failure the U.S. Healthcare System Can No Longer Ignore

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Introduction

Nursing overtime has become an entrenched feature of the U.S. healthcare system, routinely used to compensate for chronic understaffing, workforce shortages, and unpredictable patient demand. What is often framed as operational flexibility is, in reality, a symptom of policy inertia and fragmented workforce planning. While nurses have historically absorbed these system failures through extended work hours, the consequences – for patient safety, nurse well-being, and healthcare costs – are now too significant to overlook.

This opinion paper argues that persistent reliance on nursing overtime represents a failure of workforce and regulatory policy rather than an unavoidable operational necessity. Mandatory overtime practices, insufficient federal and state investment in the nursing pipeline and weak enforcement of safe staffing standards collectively perpetuate unsafe working conditions. Addressing nursing overtime requires policy-level action that moves beyond organizational fixes toward systemic reform.

How Policy Gaps Normalized Nursing Overtime

The normalization of nursing overtime reflects long-standing gaps in U.S. workforce legislation. Despite nurses constituting the largest segment of the healthcare workforce, there is no comprehensive federal policy governing safe nurse staffing or limits on extended work hours comparable to duty-hour regulations applied to other safety-sensitive professions.

Several states have enacted restrictions on mandatory nursing overtime1; however, these laws vary widely in scope, enforcement, and exemptions. Many permit mandatory overtime during broadly defined "emergencies," effectively rendering protections unenforceable during routine staffing shortages. As a result, overtime – both voluntary and mandatory – has become a default staffing mechanism rather than a last resort.

At the federal level, workforce legislation has largely focused on funding for scholarships and signing bonuses, flexible work conditions, attractive wages, and debt forgiveness [2]. While these initiatives are valuable, they fail to address structural issues such as nursing faculty shortages, uneven state staffing regulations, and the absence of national standards for nurse workload and shift length.

Mandatory Overtime as a Patient Safety Risk

From a policy perspective, mandatory nursing overtime should be recognized as a patient safety issue. Extensive evidence demonstrates that extended shifts – particularly those exceeding 12 hours – are associated with increased fatigue, impaired clinical judgment and higher rates of medical error [3]. In safety-critical industries such as aviation and transportation, strict limits on work hours are non-negotiable. Healthcare, paradoxically, continues to tolerate prolonged work hours among those entrusted with patient lives.

Mandatory overtime undermines the ethical foundation of nursing practice by placing clinicians in situations where they must choose between professional obligation and personal limits. Policies that permit routine extended shifts implicitly accept fatigue-related risk as an operational trade-off – an assumption that would be unacceptable in other high-risk sectors.

The Economic Cost of Policy Inaction

Healthcare leaders often justify overtime as a cost-saving alternative to hiring additional staff. This rationale, however,

reflects a narrow accounting view that ignores downstream economic consequences. Overtime pay premiums, combined with increased turnover, absenteeism, and reliance on agency staff, substantially inflate labor costs over time.

Policy inaction exacerbates this cycle. Without sustained investment in nursing education capacity and faculty development, the supply of new nurses remains constrained. Without enforceable staffing standards, organizations continue to rely on overtime to meet baseline staffing needs. The result is a self-perpetuating loop in which workforce shortages drive overtime, overtime accelerates burnout and attrition, and attrition deepens workforce shortages.

Workforce Sustainability and the Nursing Pipeline

Long-term reduction of nursing overtime requires coordinated workforce policy reform. Expanding nursing school enrollment without addressing faculty shortages is insufficient. Federal and state governments must strengthen incentives for nurses to pursue academic careers, including competitive compensation, loan forgiveness, and protected time for teaching and scholarship. Additionally, workforce legislation should support transition-to-practice programs, retention-focused funding, and evidence-based staffing models that reflect patient acuity rather than fixed ratios alone. These measures not only reduce reliance on overtime but also stabilize the workforce and improve care continuity.

Toward Stronger Regulatory Accountability

A policy response to nursing overtime must include clearer regulatory boundaries. State-level mandatory overtime bans should be strengthened to limit exemptions and require transparent reporting when overtime is invoked. At the national level, consideration should be given to establishing maximum shift lengths and cumulative weekly hour limits for nurses, similar to duty-hour standards in other professions.

Equally important is aligning reimbursement policy with staffing accountability. Value-based purchasing and quality reporting programs should explicitly recognize staffing adequacy and workforce sustainability as core components of patient safety. Without such alignment, organizations face little external pressure to move beyond overtime-dependent staffing models.

Conclusion

Nursing overtime persists not because it is inevitable, but because policy has failed to keep pace with workforce realities. Treating overtime as a routine staffing solution obscures its role as a marker of system-level dysfunction. Mandatory overtime, in particular, represents a regulatory blind spot that places nurses and patients at unnecessary risk.

Meaningful reform requires policymakers, regulators, and healthcare leaders to recognize that sustainable care delivery depends on protecting the nursing workforce. Reducing reliance on overtime is not merely a management challenge – it is a test of policy commitment to patient safety, workforce health, and the long-term viability of the healthcare system.

Conflict of Interest Statement: The author declares that he has no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

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Strengthening Global Health Partnerships through Academic Exchange and Community Engagement: Reflections from a Philippine Partner Site

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Abstract

This paper shares reflections from a recent global health engagement hosted by the Bicol University College of Nursing (BUCN) and the Bicol University College of Medicine (BUCM) in collaboration with Sacred Heart University and the Nuvance Health Global Health Program. Held from February 16–21, 2026, the visit brought together students, faculty, and international partners through a mix of lectures, discussions, and community outreach. Nursing students were exposed to global perspectives on employment standards and transcultural care, while faculty members explored the use of virtual reality in teaching and learning. A highlight of the visit was a floating clinic in an underserved community, which offered a glimpse into the realities of healthcare delivery in more remote areas. Overall, the experience highlighted the importance of learning from one another and grounding global health efforts in local contexts.

Keywords

Global health collaboration, Nursing education, Community engagement, Interprofessional collaboration, Simulation-based learning

Global health collaborations achieve their greatest impact when they move beyond formal commitments and foster genuine, mutually beneficial exchanges between academic institutions and the communities they serve. In February 2026, the Bicol University College of Nursing (BUCN), together with the Bicol University College of Medicine (BUCM), hosted a delegation from Sacred Heart University (SHU) and the Nuvance Health Global Health Program for a week of academic and community-based activities. This visit not only reinforced existing ties but also emphasized the need to anchor global health efforts in local contexts and realities.

Held from February 16 to 21, the engagement supported BUCN and BUCM's broader goals of internationalization, institutional development, and partnership building in line with global standards in health and education. As BUCN's International Relations Coordinator, I had the privilege of facilitating these events and witnessed directly how collaborative learning environments can foster shared growth among students, educators, and international counterparts.

One of the key highlights of the visit was the Academic Lecture and Stakeholder Collaboration Meeting on February 18. Integrated into the course Nursing Care Management 120: Decent Work, Employment, and Transcultural Nursing, it brought together all fourth-year nursing students. The session offered perspectives on international nursing education frameworks, international workforce standards, and the critical role of cultural competence in clinical practice.

For fourth-year nursing students, exposure to global perspectives broadened their comprehension of healthcare beyond the confines of the Philippine context. The interactive nature of the sessions fostered inquiry and contemplation, prompting students to consider the adaptation of international standards to local circumstances. This bridging of theoretical concepts with practical application enhanced the experience's relevance and impact.

Concurrently, faculty members participated in a session facilitated by Dr. Jasper Tolarba, who examined the impact of fully immersive virtual reality on nurses' knowledge retention, decision-making processes, self-assurance, and overall engagement. His presentation introduced new possibilities in simulation-based training and prompted discussion on how emerging technologies are reshaping nursing education. Many participants saw potential in adopting such tools to better prepare students for complex clinical environments, viewing the session as both informative and motivating.

Later, a stakeholder meeting convened faculty, administrators, program leads, and student representatives from BUCN with the SHU and Nuvance Health delegates. The group explored opportunities for future cooperation, including curriculum alignment, project partnerships, and exchange programs for students and faculty. There was also interest in pursuing collaboration through global health scholar initiatives. These conversations underscored a shared dedication to forging collaborations that are both effective and enduring, while also enhancing academic pursuits.

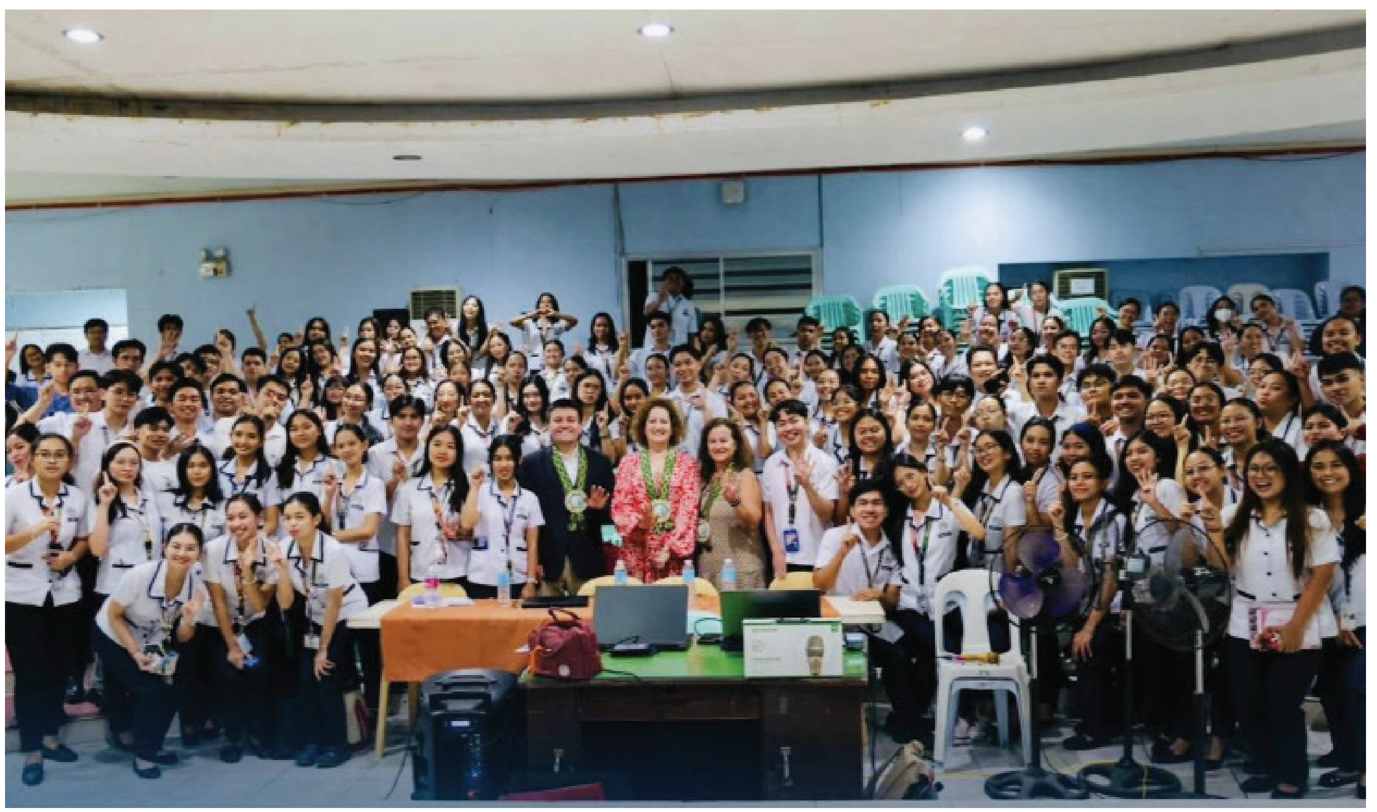
Although the academic aspects were important, the experience truly came alive through hands-on community engagement. On February 20, attendees participated in a Floating Clinic Activity, co-led by BUCN and BUCM. This initiative brought health education and medical services to the isolated island community of Bacacay, Albay, which faces significant healthcare challenges.

The outreach provided the visiting delegates with a firsthand understanding of the difficulties inherent in delivering care in remote and underserved areas. For our student nurses, it solidified core tenets like interprofessional collaboration, community-focused practice, and culturally sensitive care. The clinic's operations exemplified the expansion of healthcare beyond the confines of hospitals, emphasizing the critical functions of preventive measures and educational initiatives within communities. Significantly, the visit underscored the tangible benefits that can arise from international collaborations in the realm of public health.

A key observation from the visit was the significance of reciprocal learning. Successful global partnerships are predicated on mutual respect and a willingness to learn from one another. While international partners provide specialized knowledge and resources, local institutions contribute invaluable contextual understanding, cultural perspectives, and practical experience. Together, these perspectives enhance educational quality and open doors to innovation.

The visit also highlighted the importance of linking classroom concepts with real-life practice. Ideas such as transcultural nursing, patient-centered care, and professional standards became more tangible when applied in community settings. Bridging theory and practice is crucial in preparing healthcare professionals who are skilled, empathetic, and ready to adapt to diverse challenges.

In summary, the collaboration between BUCN, BUCM, Sacred Heart University, and the Nuvance Health Global Health Program illustrated how sustained partnerships can benefit both academic

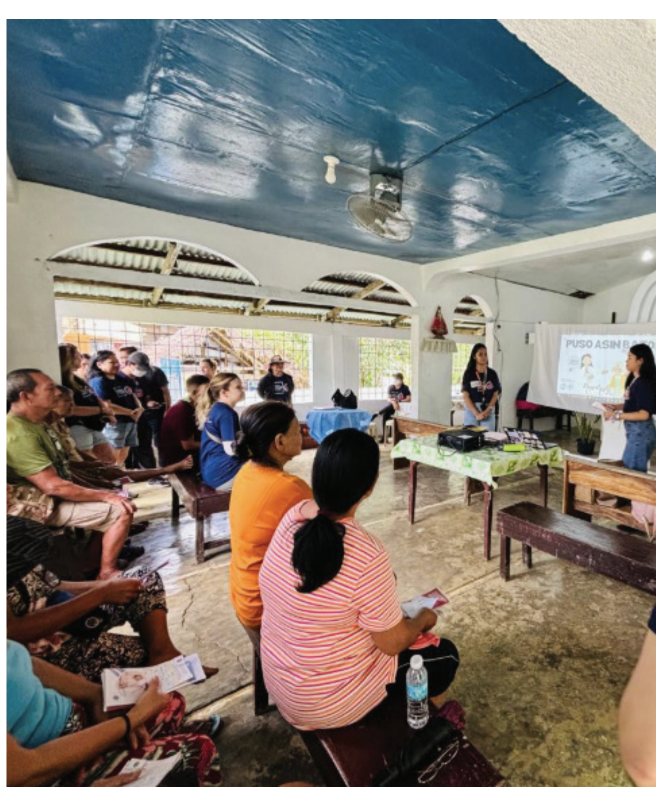


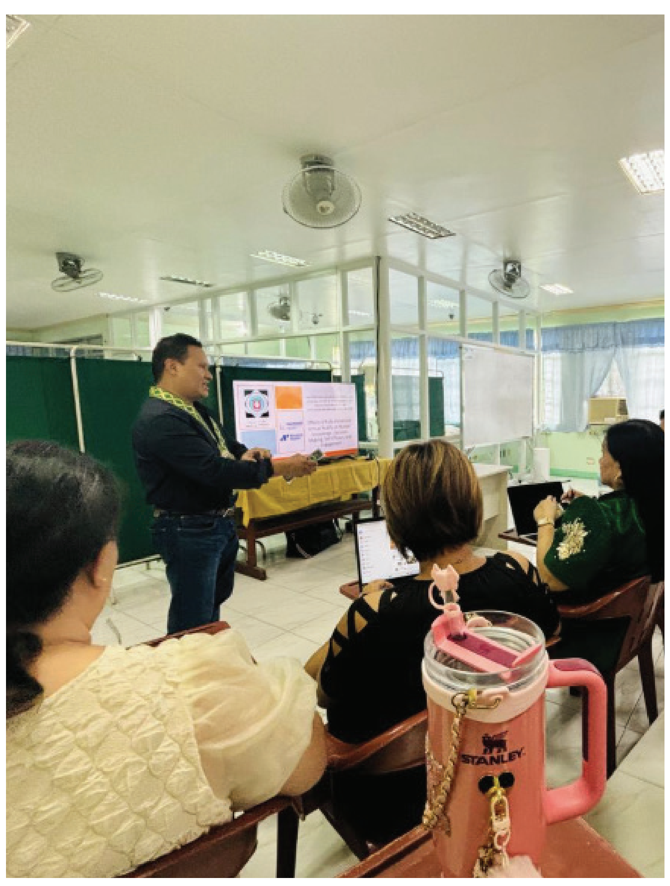
institutions and the communities they serve. Beyond exchanging knowledge, such initiatives build trust, shared purpose, and a collective commitment to better health outcomes.

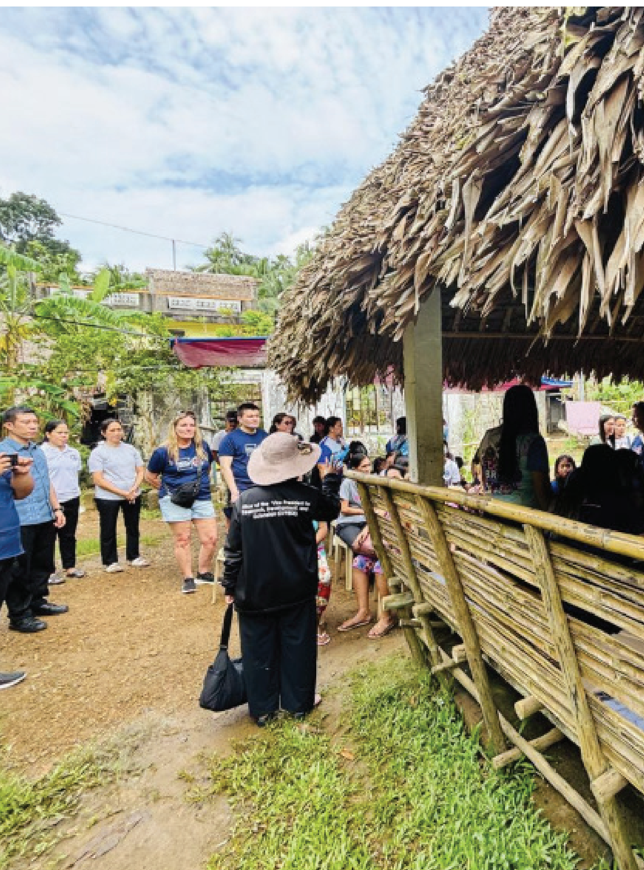
For nursing educators and students in BUCN and in the Philippines, experiences like this reaffirm core strengths of the profession—adaptability, empathy, and resilience. Despite constraints and environmental challenges, Filipino healthcare providers consistently deliver care grounded in community trust and cultural awareness. When combined with global insights, these qualities help shape practitioners who are both locally attuned and globally capable.

As global health collaborations continue to evolve, this initiative reminds us that meaningful engagement goes beyond signed agreements. It lies in shared experiences that connect people across borders. By integrating academic exchange with community service, institutions can cultivate learning environments that equip future health professionals to navigate the interconnected and complex realities of global health.

Conflict of Interest Statement: The authors declare no conflicts of interest.







Journal of the Global Health Academy | May 2026

Beyond Logistics: Intercultural Dimensions of Hosting Visiting Medical Students in the Dominican Republic

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Abstract

This reflection explores the intercultural dimensions of hosting visiting medical students in the Dominican Republic from the perspective of local program coordination. While often perceived as primarily logistical, coordinating international exchanges involves navigating complex cultural, linguistic, and interpersonal dynamics that significantly shape students' experiences.

This perspective highlights key aspects of student adaptation, including language barriers in clinical settings, differences in communication styles within a high-context culture, and exposure to unfamiliar clinical practices and healthcare systems. Particular attention is given to the role of institutional support, host families, and campus integration in fostering a sense of belonging and facilitating intercultural competence.

The letter also emphasizes the often invisible role of coordinators in bridging communication gaps, managing expectations, and creating structured support systems that enable effective collaboration between students, healthcare providers, and host communities. Additionally, it acknowledges the reciprocal nature of these exchanges, where institutions and coordinators also benefit from students' perspectives and feedback.

Ultimately, this reflection underscores that global health education extends beyond clinical training and is rooted in meaningful intercultural engagement. Experiences such as these contribute to the development of adaptable, empathetic, and culturally competent healthcare professionals prepared to work in diverse global contexts.

Keywords

Global health education; intercultural competence; student mobility; cultural exchange; host institutions; Dominican Republic.

At first glance, coordinating visiting medical students within a university setting may appear to be primarily a logistical role. However, through our experience at Universidad Iberoamericana (UNIBE) in the Dominican Republic, we have observed that these exchanges are deeply shaped by intercultural dynamics that extend far beyond coordination. At UNIBE, visiting students are those who participate in short-term clinical rotations or exchange programs.

Each cohort of students arrives with clear expectations regarding their academic and clinical responsibilities, as well as an openness to engaging in a new cultural, academic, and linguistic environment. Yet, the transition from expectation to lived experience often reveals complex layers of adaptation, learning, and interpersonal growth that are central to global health education and exchange programs. Students also encounter everyday aspects of Dominican life, such as navigating traffic and adjusting to local rhythms, which become part of their broader learning experience and may present as culture shock in their first days.

One of the first and most evident challenges students encounter is language. Although all participants are required to have an intermediate to advanced level of Spanish proficiency, real-life communication in clinical settings presents a different reality. Students must navigate medical terminology, patient interactions, and fast-paced environments in a language they may not fully command in practice. Regional variations of Spanish, including faster speech patterns and colloquial expressions common in the Caribbean, can present additional challenges in clinical communication. While doctors, healthcare providers, and fellow

students may adjust their speech to facilitate understanding, patients typically communicate naturally, which can make comprehension more challenging for learners.

Additionally, the Dominican Republic is considered a high-context culture, where communication tends to be expressive and indirect, and meaning is often conveyed implicitly. Patients may not respond to questions in a direct manner, instead sharing broader narratives before arriving at the relevant point. This requires students to adapt their listening skills and approach to patient interaction. Rather than focusing solely on medical terminology, they learn to interpret context, identify patterns, and understand patients' lived experiences, including their habits, routines, and social environments. This process fosters a more empathetic approach to care, increasing students' awareness of both their surroundings and patients' realities, which are essential pillars of human-centered care.

Dominican culture also emphasizes relationship-building and warmth in interpersonal interactions. For many students, this represents a shift from more transactional or efficiency-driven models of care. They are encouraged to develop empathy, actively listen, and build trust with patients before moving toward diagnosis. This reinforces an important lesson: behind every diagnosis and set of symptoms, there is a person with unique experiences, emotions, and circumstances. Understanding diverse patient demographics within hospital settings becomes an essential component of their training and lived experiences.
Beyond language and communication, students are exposed to clinical practices and pathologies that may differ from those in their home countries. These differences broaden their medical perspective and encourage adaptability in unfamiliar contexts. Exposure to alternative approaches to healthcare allows students to reflect on how medicine is practiced in different settings and consider how these insights may inform their own future practice.

Interpersonal and intercultural skills play a fundamental role in students' development throughout the program. Many initially arrive with hesitation or shyness but gradually gain confidence as they engage with their surroundings. The warmth and support of university and hospital staff contribute significantly to fostering a sense of belonging and helping students integrate into their new environment.

Host families are essential to this process and represent one of the most impactful elements of the program. Beyond providing accommodation, they facilitate cultural immersion by integrating students into daily life, traditions, traditional meals, and social dynamics. Through these relationships, students gain a deeper understanding of Dominican culture while finding a "home away from home." These connections often extend beyond the duration of the program, reflecting their lasting impact on both students and host families.

Adaptation also occurs through everyday experiences, such as navigating transportation systems, adjusting to different perceptions of time, customs, communicating in a second language, and engaging with new social norms. While these situations may initially present challenges, they often become meaningful and memorable aspects of the students' experience, contributing to the development of intercultural competence.
Within healthcare settings, students encounter culturally embedded practices that shape patient care. These experiences broaden their understanding of healthcare systems and patient perspectives. They may also observe differences in available resources, equipment, and clinical processes compared to their home institutions. While some procedures may take longer or be approached differently, these variations provide valuable insight into how similar conditions can be managed across diverse contexts and healthcare systems.

Much of the students' adaptation is quietly supported through coordination efforts that aim to anticipate needs, bridge communication gaps, and foster a sense of belonging. Establishing clear roles and maintaining open communication allows institutions, healthcare providers, and host families to work collaboratively in supporting students. Communication gaps are further addressed by incorporating local student support, enabling peer-to-peer interaction that often feels more accessible and comfortable for visiting students. Additionally, designated healthcare providers, such as supervising physicians, are identified in advance and their contact information is shared with students to ensure clear and accessible points of communication throughout their clinical experience.

Our team also prepares the students' schedules prior to their arrival and shares them alongside their acceptance letter, giving students the opportunity to review, ask questions, and request adjustments before the program begins. This approach helps reduce uncertainty and ensures a smoother transition into both the academic and clinical environment.

As part of the adaptation process, we intentionally foster a sense of belonging by integrating students into the UNIBE campus community. From the beginning of the program, students are introduced to campus spaces and resources, including study areas, classrooms, the library, and recreational facilities such as the gym. They are also encouraged to use shared spaces, such as the "Plazoleta" (or the campus plaza), where they can have meals and interact with other members of the university community. This access allows students to move beyond their clinical responsibilities and experience daily academic life, reinforcing their identity as active members of the institution rather than temporary visitors.

Importantly, this exchange is reciprocal. Coordinators and institutions also learn from students' perspectives, reinforcing the importance of continuous feedback and program evaluation.

Student feedback has played a significant role in improving the program over time, allowing adjustments that enhance the experience for future cohorts while ensuring that participants feel heard and valued.

This experience highlights that global health training extends beyond clinical exposure and is fundamentally rooted in people, relationships, and context. Students gain not only medical knowledge but also a deeper understanding of cultural diversity and human-centered care. Developing empathy, emotional intelligence, and cultural awareness becomes essential in preparing healthcare professionals to work in diverse and complex environments. These experiences strengthen students' profiles by equipping them with intercultural and interpersonal skills that are increasingly valued in global healthcare environments.

Intercultural competence is not optional but essential for students to effectively engage with their areas of interest. Hospitals are inherently diverse spaces, where patients from various backgrounds, cultures, and socioeconomic realities converge. Understanding these differences is critical for delivering meaningful and effective care.

Ultimately, successful global health programs depend not only on academic or clinical excellence, but on meaningful intercultural and human engagement. What may appear as logistical coordination is, in practice, the continuous work of bridging cultures, managing expectations, and fostering human connection.

Acknowledgments

The author would like to acknowledge the support of the Office of the Vice-Chancelor for Internationalization and Community Engagement at Universidad Iberoamericana (UNIBE), as well as the School of Medicine, healthcare professionals, the host families, and partner institutions who contribute to the success of the program.

Conflict of Interest Statement: The authors declare no conflicts of interest.

Defying The Odds: Complex Hepatobiliary And Duodenal Trauma Following A Road Traffic Accident In Uganda – A Case Of Critical Surgical Judgement Under Pressure

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Abstract

Background:

Road traffic accidents (RTAs) remain the leading cause of blunt abdominal trauma (BAT) globally, resulting in over 1.3 million deaths annually.[1] In sub-Saharan Africa, inadequate pre-hospital systems and delayed surgical intervention contribute to high mortality.[2] While hepatic and splenic injuries are common, simultaneous injury to the liver, gallbladder, duodenum, and hepatic artery is exceedingly rare and typically fatal.[3–5]

Case Presentation:

We present a 25-year-old male who sustained high-energy blunt abdominal trauma following a motorcycle collision. He arrived in profound shock, requiring immediate resuscitation. Focused Assessment with Sonography in Trauma (FAST) revealed free fluid, prompting emergency laparotomy.

Intraoperative findings included:

1. Segment 3b and 4 hepatic rupture with active bleeding.
2. Complete gallbladder avulsion.
3. Perforation of the second part of the duodenum.
4. Right hepatic artery laceration.

Management and Innovation:

Damage control surgery was initiated: hepatic packing, Pringle manoeuvre, partial hepatectomy, and microsurgical repair of the hepatic artery.
Bile leakage from the cystic duct stump necessitated sphincterotomy at the ampulla of Vater, followed by T-tube insertion for decompression — an unorthodox but life-saving approach in the absence of ERCP or stenting facilities.

Outcome:

The patient recovered steadily in the ICU. The T-tube was removed after two weeks, and the patient was discharged on day 14 post-operation. At one-month review, he was asymptomatic and had resumed normal activity.

Conclusion:

This case exemplifies how–even under resource-limited conditions–decisive judgement, anatomical precision, and adaptive innovation can transform a fatal trauma into survival.

Keywords: Blunt abdominal trauma, Hepatic rupture, Duodenal perforation, Sphincterotomy, T-tube, Trauma surgery, Uganda

Introduction

Road traffic accidents (RTAs) cause approximately 1.3 million deaths annually and up to 50 million injuries worldwide.1 In sub-Saharan Africa, poor road infrastructure, limited emergency services, and delayed hospital care exacerbate trauma outcomes.[2,6]

Blunt abdominal trauma (BAT) accounts for a significant proportion of trauma-related deaths.[7] The liver, due to its size and vascularity, is the most commonly injured solid organ, followed by the spleen and kidneys.[3] However, simultaneous injury to the liver, duodenum, gallbladder, and hepatic artery is exceptionally rare and poses a formidable challenge.[4,5]
This report presents a striking case of complex hepatobiliary and duodenal trauma managed successfully through unconventional, yet lifesaving surgical decisions—emphasizing critical reasoning and adaptability in a low-resource Ugandan setting.

Case Presentation

Prehospital and Admission Findings

A 25-year-old male was struck by a speeding motorcycle while crossing a road. With no ambulance available, he was transported to Mengo Hospital by motorcycle taxi (boda-boda)—a reflection of Uganda's fragile prehospital care system.[6]

On arrival:

- **BP:** 80/62 mmHg
- **HR:** 109 bpm
- **SpO_2:** 86% (room air)
- **Abdomen:** Generalised tenderness, guarding, right upper quadrant bruising.

FAST revealed free peritoneal fluid, consistent with intra-abdominal haemorrhage. The patient's instability prompted immediate laparotomy.

Operative Findings and Surgical Judgement

The peritoneal cavity contained 3 litres of blood.

Injuries included:

1. Segment 3b and 4 hepatic rupture with active arterial bleeding.
2. Avulsed gallbladder (auto-cholecystectomy).
3. Duodenal perforation (second part).
4. Right hepatic artery laceration.

Operative Steps:

Step 1: Rapid hepatic packing and Pringle manoeuvre to control inflow.

Step 2: Partial hepatectomy of devitalised segments.

Step 3: Fine vascular repair of the hepatic artery to maintain perfusion.

Step 4: Duodenal perforation repaired primarily.

Step 5: Due to bile leakage and duodenal edema, a sphincterotomy at the ampulla of Vater was performed, followed by T-tube insertion into the biliary system to ensure decompression and avoid leakage.

Although performing a sphincterotomy at the ampulla during open trauma surgery is non-standard, this decision was guided by intraoperative judgement, the absence of ERCP, and the need to avoid postoperative biliary peritonitis.[3]

Postoperative Course

The patient required mechanical ventilation and vasopressor support in the ICU.

Metabolic acidosis and hyperkalaemia were corrected promptly. Over five days, he improved steadily and was extubated. The

T-tube drained clear bile and was removed on postoperative day 14. At one-month follow-up, he had regained full function with no evidence of biliary fistula or hepatic dysfunction.

Discussion

Contextualizing the Case

In resource-rich settings, hepatic and duodenal trauma management relies on advanced imaging and endoscopic drainage (ERCP, stenting). However in Uganda, such options are often unavailable. Thus, decision-making depends on surgical intuition, anatomical familiarity, and experience.[2]

The simultaneous occurrence of hepatic rupture, gallbladder avulsion, duodenal perforation, and hepatic artery injury has scarcely been reported. Global data suggest mortality rates exceed 80% for such combinations.[5]

Surgical Innovation and Adaptability

The use of intraoperative sphincterotomy and T-tube insertion in this case was an extraordinary deviation from standard trauma surgery, chosen to ensure continuous biliary drainage, prevent pressure build-up, and facilitate early healing. It reflects the fusion of physiological reasoning with practical improvisation—hallmarks of surgical mastery under pressure.

This mirrors findings from regional trauma research showing that clinical acumen, not technology, determines survival.[2,6,8]

Conclusion

This case is a powerful reminder that surgical courage, adaptability, and teamwork can overcome even the most lethal anatomical challenges.

In low-resource trauma care, thinking beyond conventional paradigms—as in performing a sphincterotomy and T-tube insertion under pressure—can mean the difference between death and survival.

"When technology is limited, judgement becomes the most valuable instrument."

Learning Points

- RTAs are the leading cause of blunt abdominal trauma in East Africa.
- Immediate laparotomy is warranted in unstable patients even without imaging.
- Multi-organ hepatobiliary trauma requires both haemorrhage control and biliary decompression.
- Sphincterotomy with T-tube insertion, though unconventional, can be life-saving in select trauma cases.
- Critical thinking and surgical adaptability remain the cornerstone of trauma survival in low-resource settings.

Acknowledgements

We acknowledge the dedicated theatre, ICU, and nursing teams at Mengo Hospital. Special thanks to Dr Luweesi Henry and Dr Kamyuka Solomon for operative collaboration and Dr. Bright Anderson Mwanje for institutional support.

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How Nurses Are Leading a Global Health Partnership in the Philippines

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Early in the morning, along the coast of the Bicol Region in the Philippines, the sea is calm. Fishing boats dot the horizon, and small villages line the shore. For many families living on these scattered islands, the nearest hospital can be hours away.

But on this day, healthcare is coming to them.

A modest boat carrying nurses, clinicians, and medical supplies glides toward the village shoreline. But something less visible is carried in that boat: a global partnership that is reshaping how care reaches some of the most geographically isolated communities in the Philippines. The vessel is part of The Floating Clinic initiative, a community health program that brings essential healthcare services directly to coastal and island communities.

Among those observing and supporting the initiative during a recent visit was Jasper Erwin Tolarba, DNP, EdD, RN, Global Health Assistant Nursing Director for the Majid Sadigh Global Health Academy at Nuvance Health, who joined a delegation traveling to the Philippines to strengthen a growing international collaboration with Bicol University.

For Dr. Tolarba, the moment reflected the core philosophy of global health nursing. "Healthcare should never depend on where someone lives," he said during the visit. "If communities are separated by water, then healthcare must cross the water."

A Global Health Partnership in Action

The trip marked an important milestone in a partnership between Nuvance Health, Bicol University, The Floating Clinic, and regional healthcare leaders in the Philippines. The collaboration has grown into one of the newest international sites within the global health network of the Majid Sadigh Global Health Academy, which supports partnerships across nine (9) international partner countries.

Under the leadership of Executive Director Bulat Zighanshin, MD, PhD, the Majid Sadigh Global Health Academy has focused on building sustainable global health programs that combine clinical service, education, and research. Rather than short-term missions, the model emphasizes regular medical missions and long-term partnerships with local institutions. "The goal is not to bring solutions from outside," Dr. Zighanshin explained, "it is to work alongside communities, universities, and local clinicians so that the solutions are designed and led locally."

That philosophy was evident throughout the visit. Delegates met with Bicol University leadership, faculty, and students, toured regional hospitals, and visited coastal communities where access to healthcare remains a daily challenge. But perhaps the most compelling example of innovation was the floating clinic itself.

Where Nurses Become the Frontline of Care

At The Floating Clinic, nurses are not simply supporting the system; they are leading it. In many rural regions of the Philippines, nurses serve as the primary healthcare providers for communities where physicians may visit only periodically. Unfortunately, on many islands, even nurses are absent.

For residents of island communities, the arrival of the clinic often means their first healthcare visit in months. "It's remarkable to see how much impact nurses can have in a setting like this," said Remilyn Gonzalez-Bates, MSN, RN, one of the Nuvance nurses who participated in the global health trip. "Their clinical knowledge, their ability to

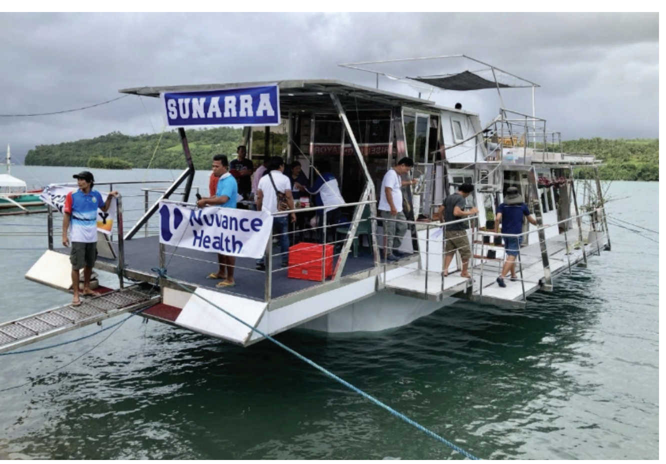
educate patients, and their connection to the community make them indispensable." As part of the mission, nurses and student nurses from Bicol University College of Nursing conduct health assessments, manage chronic disease screenings, obtain patients' vital signs, and provide maternal and child health education. The experience reflects a broader truth about global healthcare systems: nurses often form the backbone of community-based care.

Global Health for Nursing Students

Also traveling with the delegation were representatives from Sacred Heart University's Davis & Henley College of Nursing, Cynthia O'Sullivan, PhD, RN, and Heather Ferillo, PhD, RN, who conducted a site assessment to explore the possibility of establishing the region as a future global health clinical placement site for nursing students. The visit allowed faculty to evaluate clinical settings, community partnerships, and educational opportunities that could support immersive learning experiences for students.

For nursing education leaders, global health experiences are increasingly viewed as essential preparation for the future of healthcare. Students who train in international settings gain exposure to community-based care models, population health strategies, resource-limited clinical decision making, and culturally responsive healthcare delivery.

"These environments teach students something that textbooks cannot," Dr. Ferillo noted. "They learn how nurses innovate, adapt, and lead in real time." If approved, the partnership could allow Sacred Heart nursing students to participate in clinical immersion experiences in the Philippines, learning alongside local clinicians and communities.



A Model of Sustainable Global Health

What distinguishes The Floating Clinic initiative is its emphasis on sustainability. Rather than delivering short-term care, the program integrates with local institutions and community networks. Through its partnership with Bicol University, the initiative connects clinical service with academic training, ensuring that students and healthcare professionals are actively involved in community health outreach.

Local clinicians lead the work. International partners support capacity building and education. The result is a program designed not just to provide care today, but to strengthen the healthcare system for the future.

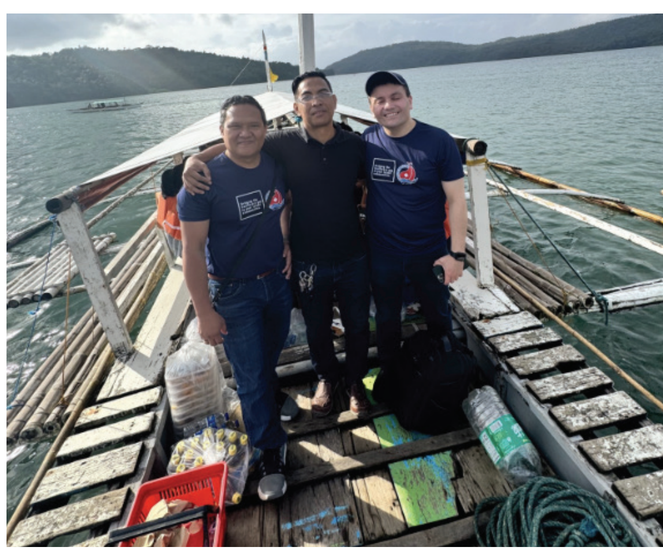
The Future of Global Health Nursing

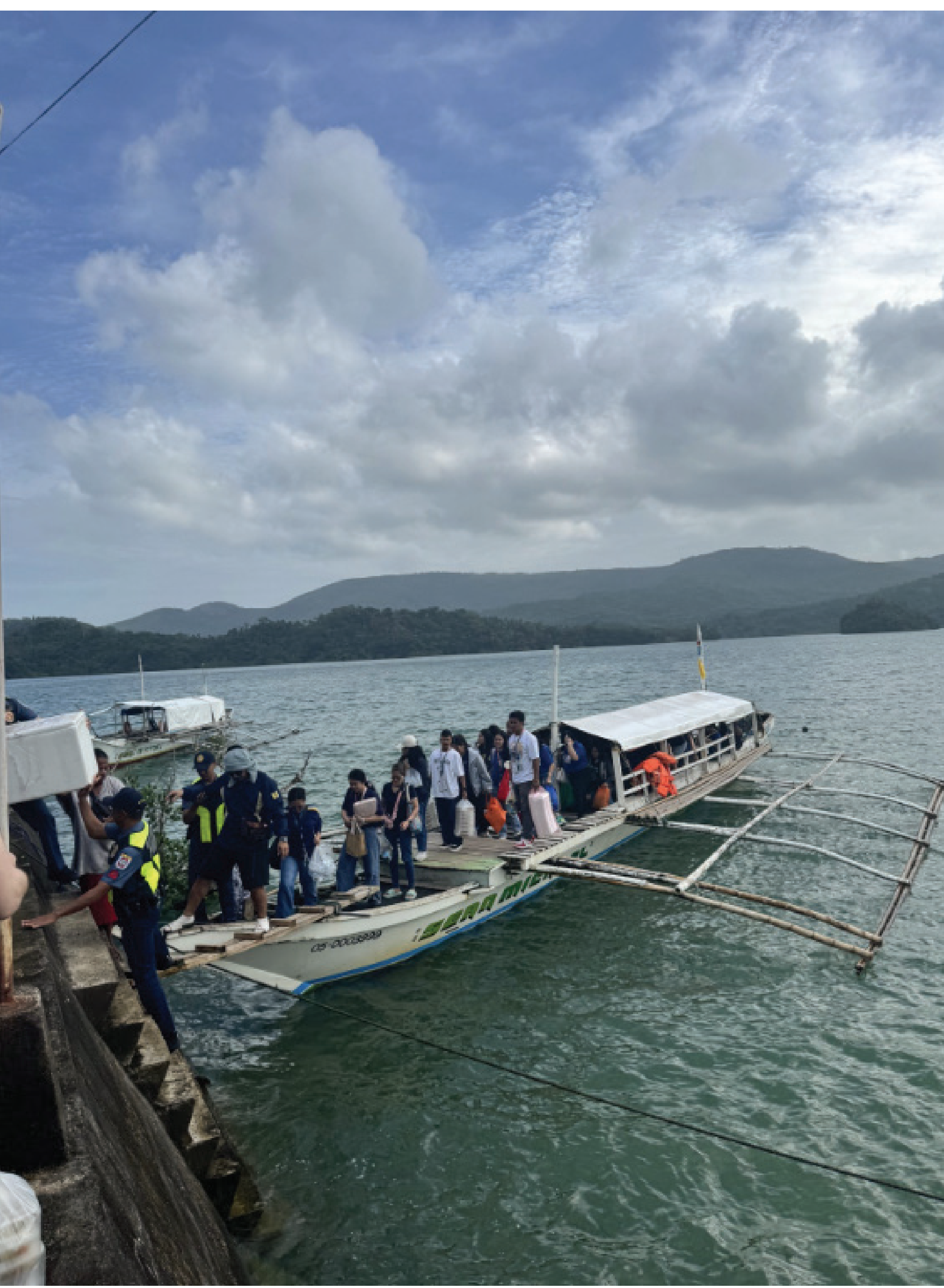
As the floating clinic pulled away from the village shoreline at the end of the day, the significance of the initiative was clear. Healthcare had reached a community that geography might otherwise isolate.

The Floating Clinic initiative is larger than a single outreach program. It reflects a growing global health movement in which nurses are leading initiatives that expand healthcare access across borders.

"In global health, nurses are often the bridge between systems and communities," Dr. Tolarba said. "They bring care, education, and leadership into places where healthcare would otherwise not reach."

And sometimes, that bridge travels across the sea.





Reflections from a Global Health Mission in the Philippines

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Returning to the Philippines is something I anticipate every few years. I look forward to the warmth of the tropical air, the familiar flavors of Filipino cuisine, the white sand beaches, and, above all, time with family and friends. Yet this journey felt different. This time, I would be traveling with colleagues I barely knew, meeting new partners, and visiting places unfamiliar even to me.

The journey itself tested our endurance. An 18-hour flight stretched across continents, followed by an unexpected overnight delay in Doha, Qatar. But adversity has a way of building connection. What began as a logistical inconvenience became an opportunity for the team to bond, share stories, and glimpse the beauty of the Middle East while waiting to continue our journey.

When we finally arrived in Manila, we were greeted by an enthusiastic delegation of Bicol University faculty members, medical students, and community leaders. Their excitement was unmistakable. Cameras flashed, greetings were exchanged, and warm smiles filled the arrival hall. One detail struck me immediately: the students' immaculate white uniforms. Crisp, perfectly pressed, and worn with pride, they symbolized both discipline and aspiration. Seeing them transported me back to my own childhood.

I remembered the first white uniform I ever wore. I was seven years old, starting elementary school. That morning I woke to the familiar smell of my mother cooking sinangag, which is a garlic fried rice sizzling in a pan with soy sauce and eggs. My freshly pressed white blouse hung neatly on a chair, carefully prepared for my first day of school. For years before that moment, I had watched my older brother leave for school each morning. I envied the stories he brought home, such as the colorful drawings, picture books, and tales of the magical world that existed inside a classroom. Our parents spoke about education as if it were a gateway to transformation, a path toward a life they themselves had not been able to pursue. Both had only completed high school, yet they instilled in us the belief that education could change the trajectory of our lives. Looking at the students welcoming us in Bicol, I saw reflections of that same aspiration. Like me, they understood that the opportunity to attend school was both a privilege and a responsibility.

The Land of Mayon

Our journey continued with a thirty-minute drive from the airport, escorted by local security personnel. The formality of the escort reminded me that this visit held significance not only for our organization but for the province of Albay. Although I grew up in the Philippines, I had never visited the Bicol region before. As we traveled through the countryside, lush vegetation stretched across the landscape. Vegetable stands lined the roadsides, fruit vendors displayed their harvests, and farmers tended their fields. Water buffaloes (a.k.a. carabaos) rested peacefully in rice paddies, ready to help plow the soil. Life here moved at a slower rhythm, far removed from the intensity of city living.

That evening, after a day of meetings and introductions, I finally found a quiet moment alone in my hotel room. Sliding open the glass doors to the balcony, I was greeted by one of the most breathtaking sights in the Philippines: Mount Mayon. Rising majestically against the skyline, the volcano stood with its near-perfect cone shape, partially veiled by drifting clouds. Even from a distance, its presence was awe-inspiring. By nightfall, faint traces of lava glowed along its slopes, reminding us that beauty and danger often coexist in nature.

For the people of Albay, Mount Mayon represents more than a geological landmark–it embodies resilience. Local legend tells the story of Daragang Mayon, a young woman who fell in love with Panganoron from a rival tribe. Their forbidden love sparked conflict, and both lovers died tragically. According to legend, Daragang Mayon became the volcano while Panganoron transformed into the clouds that forever embrace her peak. For the Bicolanos, this story symbolizes enduring love and resilience in

the face of adversity and is deeply embedded in Filipino culture.
Education as Transformation

In the following days, our team visited Bicol University, a state-supported institution known for producing highly skilled professionals in medicine and nursing. The University provides accessible education for many students from low-income families, though admission is fiercely competitive. Students must achieve exceptionally high academic performance, often maintaining grade averages above 90 percent, while passing rigorous entrance examinations. Once admitted, they must sustain these standards throughout their programs.

For many students, gaining admission represents a transformative opportunity not only for themselves but for their entire families. Graduates frequently become the first in their households to enter professional careers, enabling them to support younger siblings and provide financial stability for their parents. Education here is more than academic achievement; it is a pathway to social mobility and community advancement.

A Ride Through Everyday Life

One evening, our team decided to explore the town and experience local transportation. We boarded a jeepney, which is a uniquely Filipino mode of transport, and later rode a brightly colored tricycle back to our hotel. The streets were alive with color and energy. Jeepneys shimmered under the city lights, their polished stainless-steel exteriors reflecting the bustle of urban life. Many were adorned with religious images, vibrant artwork, or the names of the owner's children. Each vehicle felt like a moving canvas, expressing the personality and identity of its driver.

For me, riding a jeepney brought back powerful memories. My father drove a jeepney for forty years. He had not attended college, and driving became his profession. Each week he rented the vehicle from its owner, paying for fuel and maintenance. Whatever remained after expenses became his earnings. It was exhausting work. Jeepneys can carry up to thirty passengers, and the manual steering requires tremendous physical effort. With no air conditioning, drivers endure intense heat in the summer and hazardous road conditions during monsoon season. I remember my father leaving before sunrise and returning home long after dark. He was often exhausted, barely able to walk straight after sitting behind the wheel all day. Yet he always brought us pasalubong—small gifts from the road, often our favorite snacks or toys. In return, my siblings and I washed and cleaned the jeepney each evening, preparing it for the next day's journey. Years of exposure to exhaust fumes and leaded gasoline eventually took a toll on his health. Today he suffers from chronic lung and heart disease, along with spinal problems from decades of long hours in the driver's seat. Remembering his sacrifices reminded me why education and opportunity matter so deeply.

Training Nurses for Service

During our visit, I spent significant time with nursing students and faculty members. I was struck by the rigor of their curriculum. Compared with many programs in the United States, nursing education in the Philippines includes extensive academic instruction combined with intensive clinical training. Students begin studying nursing concepts in their first year and accumulate a significant number of clinical hours in hospitals and community settings. Although laboratory facilities and simulation equipment are sometimes limited, students compensate through immersive clinical experiences and community outreach programs.

One such initiative is The Floating Clinic Project, where nursing and medical students actively participate in organizing community health missions. They conduct health education sessions, assist clinicians during patient assessments, and help coordinate logistics. This kind of experiential learning cultivates more than clinical competence—it nurtures compassion, leadership, and a deep commitment to service.

Healthcare Across the Water

The highlight of our mission was The Floating Clinic. Early one morning, our team traveled an hour from the hotel to a coastal dock. Physicians, nurses, faculty members, students, and security personnel gathered along the shoreline, preparing for the day's outreach mission. The beach was covered in fine black sand due to centuries of volcanic activity in the region. The landscape felt stark yet beautiful, a reminder that geography often shapes the health realities of communities.

Many of the islands surrounding Albay lack accessible healthcare facilities. Residents must travel long distances by boat to reach hospitals, a journey that is often expensive or impossible for those with limited resources. The Floating Clinic was designed to address this gap. The boat functions as a mobile primary care center. It contains examination rooms, diagnostic equipment, and a small pharmacy. Community buildings such as churches and municipal halls serve as temporary education and registration sites. Patients first attend health education sessions tailored to different age groups. Afterward, they proceed to medical consultations, diagnostic tests, and medication distribution. For many residents, this is their only access to professional healthcare. The boat visits these islands monthly, ensuring continuity of care. In addition to medical services, the mission also provides meals and nutritional support, recognizing that many patients travel from distant villages or neighboring islands to seek treatment.

Speaking with community members revealed how transformative this initiative has been. Some elderly residents had never seen a healthcare professional before the clinic began operating. Traditionally, many relied on herbal remedies passed down through generations. Today, they have access to preventive care, treatment for chronic conditions, and health education that empowers them to care for their families.

Officials from the Philippine Department of Health informed us that the program's success has inspired plans to replicate the floating clinic model in other remote island communities. Before the partnership with Nuvance Health and the Majid Sadigh Global Health Academy, these missions occurred only two or three times per year. With expanded support, the clinic now operates monthly, dramatically increasing access to care for vulnerable populations.

A Personal Reflection on Healthcare

Our final visit took us to a regional hospital in Albay. Walking through its corridors brought back deeply personal memories. When my youngest brother was born, our family began an endless journey of hospital visits. He was eventually diagnosed with Down syndrome. I remember watching my mother place him in the grass behind our house every day. I was only five years old and confused by what she was doing. My brother disliked the feeling of grass and tried to crawl away each time. But my mother gently returned him to the same spot. He was three years old and had not yet learned to walk. She believed that forcing him to crawl would strengthen his legs. Slowly, over time, it worked. After a year, he began standing and eventually walking.

My parents visited many hospitals searching for answers about his condition, often returning home without clear explanations. Eventually, they stopped asking why and focused instead on loving and supporting him. For our family, healthcare was never an abstract concept; it was deeply personal.

The Meaning of Global Health

This mission reminded me that global health is not only about delivering medical services. It is about building partnerships, strengthening health systems, and empowering communities. The Majid Sadigh Global Health Academy represents a "school of the world," comprised of anetwork that transcends borders. Through collaboration among universities, hospitals, and healthcare professionals across multiple countries, knowledge flows in both directions. We learn how to treat diseases rarely encountered in developed countries. At the same time, we discover innovative ways to deliver care in resource-limited environments. Most importantly, these partnerships strengthen the global healthcare workforce by training physicians, nurses, and public health professionals who will serve their communities for generations.

Standing on that island, watching patients receive care that had previously been out of reach, I was reminded of a simple truth: Healthcare should never depend on geography or privilege. And sometimes, the most meaningful progress begins with something as humble as a boat.

Student Perspective on Global Health

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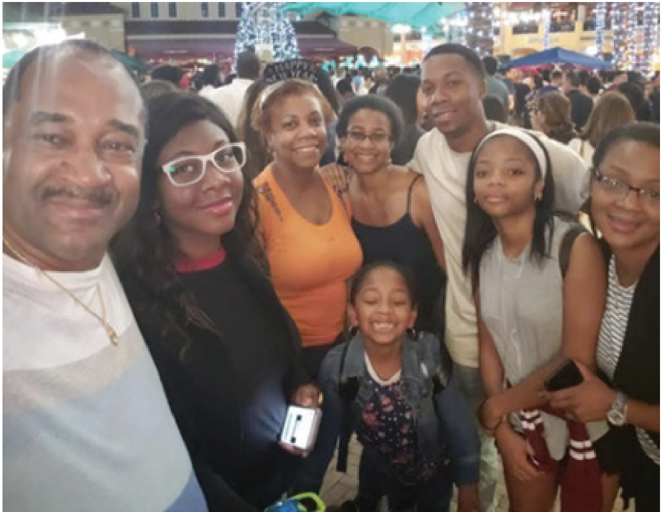
Keywords: Global, Culture, Health, Medicine, Student

Introduction

My name is Imani Mullings, and I am a fourth-year medical student at Ross University. I am a child of Jamaican parents who immigrated to the United States before my birth. I grew up in a close-knit family with three brothers and three sisters. My father was a military man, and my mother had jobs in both IT and supply chain. Even though my family immigrated to the US, they always made sure to instill Jamaican roots on a daily basis. My father would regularly speak of our Chinese heritage. My mother would encourage me to learn more about our Indian background. And my uncle would tell many tales of life growing up in Jamaica. Those conversations were a starting point for my interest in global cultures.

Interest in Global Culture

While I was in elementary school, I noticed most of my peers reading fiction stories or comic books. However, I was drawn to the history and travel section in the library. Every week, I would pick out a new book to read. One week about Egypt, another week about Brazil, the next week about Madagascar. I cannot say I understood every single word in those books I picked up at the time, but I was fascinated by all the new information I acquired. That interest stayed with me as I grew up, and I continued to seek more information, whether in school or online.



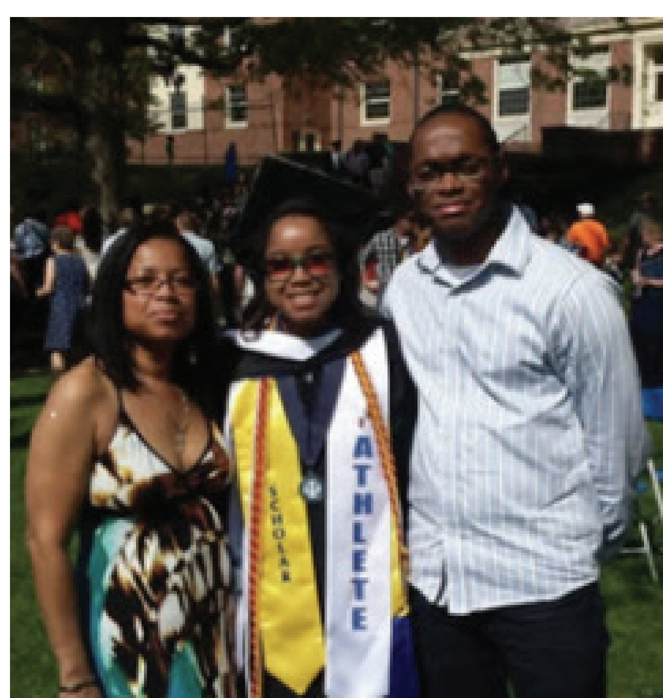


Figure 1 and 2 Immediate family members who were the greatest support.

Path to Medicine

Similar to my interest in cultures around the world, my interest in healthcare started at a young age. I had just turned 14 when my sister invited me to the birth of her second child. I speak about this moment a lot because it was the deciding factor in my becoming a doctor. It was a stressful day as I had just been up all night working on a school project with my aunt. My mother's call had woken me up from my sleep, telling me my other sister would soon stop by to pick me up and whisk me away to the hospital. When we arrived there, I was not really sure what to expect. My only exposure to healthcare was my own doctor's appointments that were typically for wellness check-ups or receiving treatments for illnesses. As I entered the birthing suite, there seemed to be chaos. Nurses were moving about, my sister was shouting in pain, my mother was trying to soothe her, and my other sister ran into the bathroom with claims of wanting to throw up. I was not sure where to place myself, and I did not want to bother anyone to ask. I saw a space empty next to the doctor, and I quietly stepped there. In that moment, I was amazed watching my sister push out a small baby's head with the doctor's guiding hands. He helped pull out one shoulder, then the next, and finally, a small slimy body slid out. I thought then, I want to do this man's job.

And once again, I started on a journey of research. Yes, I read about the profession of OB/GYNs, and I was happy with what I saw. But my internet searches also led to more articles, specifically some speaking of Women's Global Healthcare. I looked through different statistics on the government website speaking of birth rates, fetal demise, and maternal death. I read articles published by different medical journals around the world, which spoke of the lack of doctors, medical supplies, and, even worse, the absence of autonomy of many patients. There was a lot of information. So much so that I, as a young teenager, was not sure where to start or what to do. However, I was not deterred from my goal. I felt an even stronger urge to become a doctor who could make a difference in the world.

Global Health as a Student

While that was a lot of background, it leads into the topic I would like to discuss today, which is global healthcare from a student's perspective. My personal definition of Global Health is a field of medicine that focuses on improving healthcare across borders while ensuring equity for all. It is important that students learn about global health care no matter where they decide to practice medicine, because our patients come from different kinds of backgrounds. During my time in a New York hospital, I encountered patients from different cultural and economic backgrounds, many of which I never had personal exposure to previously. Yet, by learning about different cultural practices via other peers, articles and even patients, I was able to maintain respect and ensure those patients felt comfortable and heard. We also have to learn about health disparities around the world. Acknowledging those gaps in care makes us humbler as future doctors. We as students learn never to assume but to ask and only in that way can we contribute as future doctors. Whether it's by traveling to different communities, service at home or abroad, or giving our time in the clinic, we can take these lessons we learn back home with us and see healthcare through a different lens.

My first experience in global health occurred during my first two years of medical school in Barbados. I had the opportunity to visit different clinics and watch doctors work with the local population. Most of the patients were welcoming of students being a part of their care. I learned about the different tools they used to obtain labs or how their prescriptions varied. Even more enlightening was

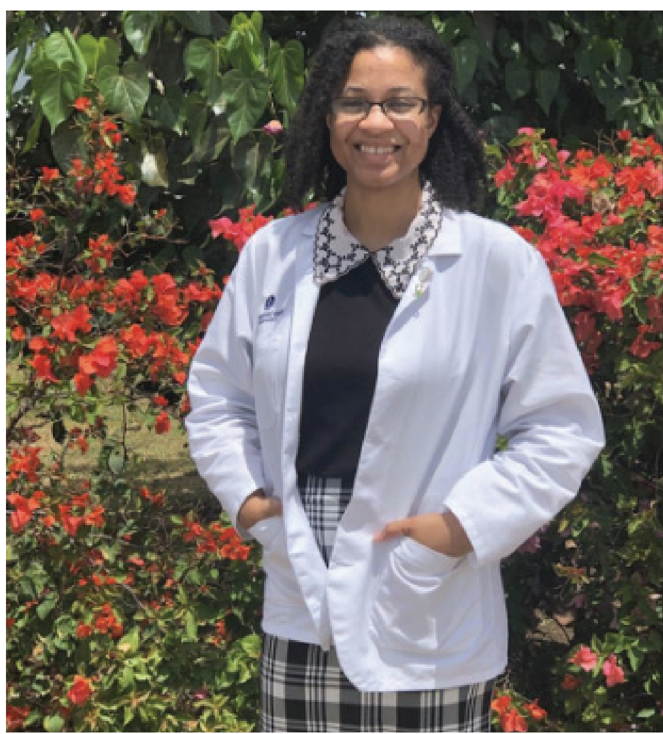


Figure 2 The author: Imani Mullings

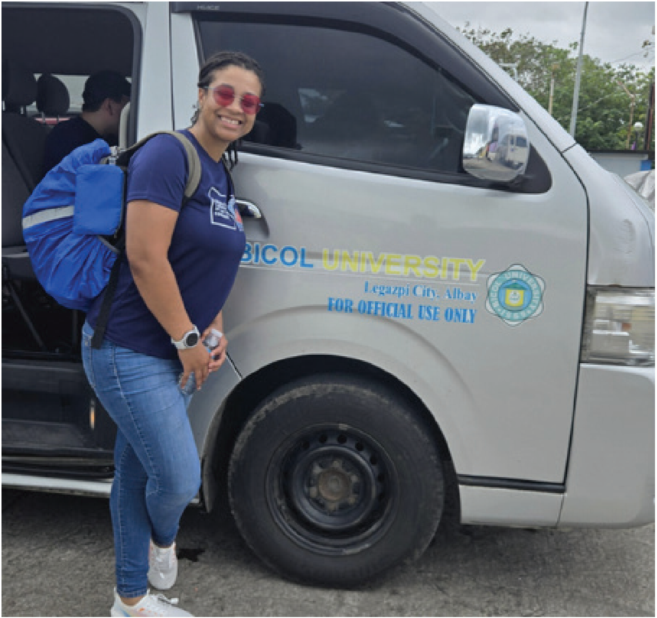
how finances affect their care. One notable experience was my time with the Ministry of Health and Wellness. I was in Barbados to study how to become a doctor, so I didn't understand why the school required us to spend a day with a government organization. Quickly, I learned why that experience was so important for students who only think about treating illnesses. One of the main goals of the organization is to prevent disease in their communities before their citizens had to see a doctor. We went to homes, educating people about preventive measures. For example, dispel mosquitoes by removing still water from their properties to avoid bites that could lead to diseases like dengue and zika. We visited restaurants to ensure their cleanliness was up to standard to prevent common food-borne illnesses in visitors. The most important lesson I learned during this experience is that global healthcare is a collaboration between many different bodies. It is about treating people, not illnesses. Meaning, similar to how everyone is unique, so is the way we may go about treating them. The speech may differ, different levels of touch accepted, or varying the number of providers involved in their care

Now that I have the opportunity to work in the hospitals of the Philippines, I hope to encounter even more experiences that will challenge whatever biases I have as a new doctor. I hope to learn from the doctors, students, and patient population about the different nuances of care and how culture may affect the treatment of my patients.

Conclusion

I want to emphasize why I believe global health is important: no matter where medicine is practiced, patients can come from all over the world, especially in my home country of the United States. No matter where they come from, patients deserve equitable treatment. In order to ensure this, doctors must be flexible and willing to learn about different patient perspectives and how to make sure they have the most comfortable care. And what better way to learn about those perspectives than by visiting the different countries around the world and learning about their unique healthcare practices.

Conflict of Interest Statement: The authors declare no conflicts of interest.



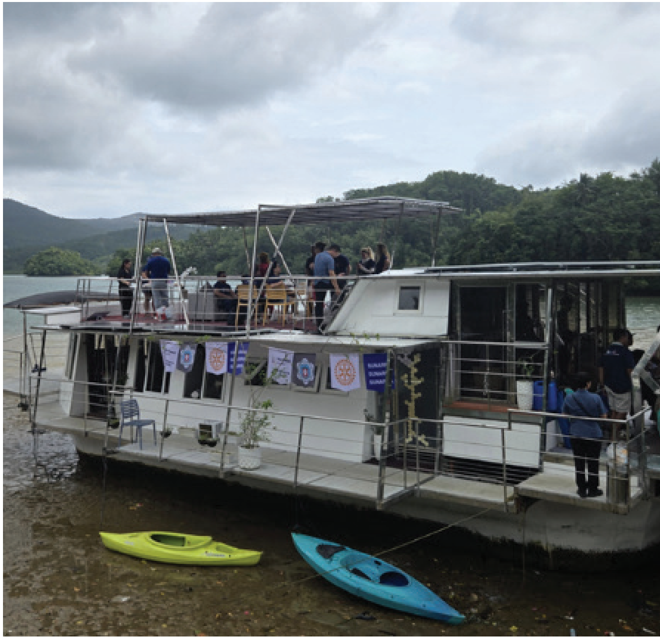


Figure 3 and 4 Traveling to the Boat Clinic in Philippines sponsored by Bicol University, School of Medicine

Nuvance–Northwell Health Global Health Nursing Council (GHNC) Reignited

Michelle Vesce[1,2]

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Following the 2025 Global Health Conference, our colleagues reconvened to reignite the Nuvance–Northwell Health Global Health Nursing Council (GHNC). The council is composed of nurses representing all Nuvance–Northwell sites, bringing together a diverse range of clinical expertise, from the bedside nurse, to nursing leadership, and global health perspectives. We plan to expand our council efforts to make our global partnerships stronger and more effective in expanding both local and global nursing practices and educational needs. GHNC looks forward to our growth in nursing education with our partner sites globally and locally with research projects, and missions, and continuing to discuss GHNC goals and missions during our monthly meetings.

Expanding Global and Local Impact

Collaboration efforts are already underway as the Nuvance-Northwell Health GHNC develops additional projects and initiatives that support the communities we serve—both locally and globally across our *Majid Sadigh, MD* Global Health Academy nine international partner sites:

Armenia • Botswana • Dominican Republic • India • Philippines • Thailand • Uganda • Vietnam • Zimbabwe

These partnerships strengthen our collective capacity to share knowledge, enhance nursing practices, educate communities, and support global health advancement near and far. The GHNC looks forward to expanding our participation in local and global missions, and sharing more research, projects, and goals with our colleagues at this year's Global Health Conference.

Across the Nuvance–Northwell Health network, the GHNC is aligning local community needs with those of our global partners. Local and international missions will support the GHNC in strengthening connections with communities, addressing nursing and interdisciplinary educational needs, and sharing resources that enhance cross-communication and collaborative learning.

Key GHNC Goals

The GHNC is focused on:

Recruitment: Encouraging increased engagement and participation from bedside nurses across the Nuvance–Northwell network. Plans are set to spearhead our GHNC marketing and make our council both seen and heard with other prospective colleagues.

Community Education: Developing educational initiatives to support the health needs of communities within our region. These initiatives will assist the local communities and the GHNC abroad on our future nursing missions.

Global Collaboration: Working closely with international partner sites to build stronger nursing relationships and exchange evidence-based practice (EBP) insights. Further missions are planned for later and are expected to help GHNC achieve our goals, one mission at a time. Additional collaborations with our partner sites' nursing contacts and involvement in the global site's specific nursing educational needs locally, will allow for continued growth between GHNC and its partner sites.

Shared Learning: Focusing on common nursing priorities, including infection control, bedside nursing similarities and differences, clinical education, resource development, interdisciplinary collaborations, and more.

GHNC looks forward to presenting some of our research, collaborations, missions, education knowledge-base, and future goals by sharing our outcomes and projects via:

- The HUB – Nuvance-Northwell Health internal news and marketing network
- The Journal of the Global Health Academy
- Participating in the 2026 Global Health Conference
- Future GHNC missions locally and at our nine global partner sites

Our Commitment

Through these efforts, the GHNC aims to elevate nursing practice locally and globally, supporting improved patient outcomes and ensuring optimal, compassionate, and evidence-based practice (EBP) nursing care. Sharing EBP knowledge in both directions will promote educational collaborations and assist the GHNC in meeting their goals across the Nuvance-Northwell Health network locally and globally with our nine partner sites.

Conflict of Interest Statement: The author declares there are no conflicts of interest.

A Growing Academic Partnership with Bicol University in the Philippines

A Second Site Visit to Bicol University in the Philippines, February 16th – February 21st, 2026

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Background

The Global Health (GH) Program at Nuvance Health was established in 2012 with the goal of creating meaningful academic partnerships to improve health outcomes and promote social justice through medical education, bidirectional learning, and collaborative approaches. The GH Program, now part of the Global Health Academy (GHA), is grounded in several guiding principles, including mutual respect, reciprocity, cultural humility, and sustainable collaboration. Rather than short-term engagements, our aim is to build long-term relationships between the GHA and the partner sites that support educational global health exchanges, professional development, and shared learning between partner institutions.

In 2024, the Global Health Academy began developing a partnership with Bicol University in Legazpi, Philippines, making it the ninth international partner site within our growing global health family. The delegation from the Bicol University traveled to Danbury, Connecticut, USA, to participate in our Annual Global Health Conference. This initial encounter created an opportunity for meaningful dialogue between Global Health Academy members and Bicol University leaders. Conversations during the conference revealed a strong alignment in our missions and a shared commitment to advancing medical education, strengthening healthcare systems, and promoting global health learning through academic collaboration.

Inspired by these discussions, we organized an exploratory site visit to Bicol University in 2025 to better understand the educational environment and clinical training infrastructure at Bicol University and its affiliated hospitals. This visit marked the first step toward developing what would later become a strong institutional partnership.

As we arrived in the Bicol Region in 2025, the beautiful silhouette of the Mayon Volcano greeted us. Known for its nearly perfect cone shape, Mayon is one of the most iconic natural landmarks in the Philippines and holds special significance for the people of the region. Beyond its geological prominence, the volcano is closely tied to the cultural identity and resilience of the local community, standing as a constant presence in both daily life and local storytelling.

For our delegation, seeing Mayon upon arrival became a symbolic moment as we began developing a partnership with Bicol University. Local colleagues shared a traditional saying that Mayon reveals itself only to visitors who come with good intentions. In many ways, this sentiment resonated with the spirit of our visit and the collaborative relationship we hoped to build with our partners in Bicol in the future.

During the first visit, we had the opportunity to meet Bicol University faculty members, administrators, and highly motivated medical students from both the BU College of Medicine and the BU College of Nursing. One of the major milestones of the first visit was the signing of a Memorandum of Understanding (MOU) between the leadership of Nuvance Health and Bicol University. The agreement established the foundation for collaboration in medical education, student global health electives, faculty exchange, community outreach projects, and shared learning initiatives.

Building on this foundation, a follow-up site visit was organized in February 2026 to further strengthen the partnership and finalize the structure of the Global Health Elective Program.

Second site visit to Bicol University

The second Global Health site visit took place on February 16–21, 2026, bringing together representatives from several institutions

engaged in Global Health education. The visiting delegation included:

Dr. Bulat Ziganshin – Executive Director, Global Health Academy

Dr. Elina Mukhametshina – Academic Director, Global Health Academy

Carolyn Guarino – Manager of the Global Health Program and Global Health Academy

Dr. Jasper Tolarba – Endowed Chair in Nursing Practice Education & Research, Nuvance Health

Remilyn Bates – Director Case Management, Nuvance Health
Dr. Heather Ferrillo – Chair, Undergraduate Programs, Sacred Heart University

Dr. Cynthia O'Sullivan – Associate Dean, Academic Affairs & Global Nursing, Sacred Heart University

Upon arrival in Legazpi, the delegation was once again welcomed by Dean of the College of Medicine, Dr. Ofelia M. Samar-Sy, along with Bicol University faculty and the students.

At the time of the visit, Mount Mayon was under Alert Level 3, indicating an active eruptive state. The official danger zone extended to a six-kilometer radius from the volcano's summit. Both Bicol University and its main teaching hospital, Bicol Regional Hospital and Medical Center (BRHMC), are located approximately 12–15 kilometers from the volcano, placing them outside the designated danger zone but within the broader monitoring area.

Bicol University and BRHMC maintain established risk-assessment and safety protocols, and academic or clinical activities can be suspended if volcanic activity escalates. Residents, as well as the guests of Albay, like ourselves, receive real-time eruption alerts through mobile phone alarm systems, while local disaster risk reduction offices maintain evacuation plans and preparedness measures.

At the time of our visit, academic activities, hospital services, and daily life in Legazpi were continuing normally, while institutions and residents remained vigilant and guided by official advisories. Observing these preparedness systems firsthand and seeing how the local community continues daily life in proximity to an active volcano provided reassurance about the infrastructure and safety measures in place to protect residents and visitors. For our program, firsthand assessment of local conditions was particularly important because Mayon Volcano erupts every three to five years, which makes it one of the most active volcanoes in the Philippines.

Activities Conducted

Several academic and program development activities took place during the visit.

Global Health Electives

A key focus of the visit was a series of productive discussions regarding the Global Health Electives (GHE). Representatives from both sides engaged in collaborative planning sessions to outline how Bicol University will host visiting medical and nursing students as part of the program.

During these discussions, participants reviewed and refined several key components of the GHEs. These included defining the learning objectives for GHE participants, identifying the range of clinical departments for electives, and reviewing hospital policies and expectations for visiting students, residents, and nurses. The Global Health Academy team also addressed important logistical considerations necessary for implementing the program, including student accommodation arrangements, visa requirements, and other administrative processes to ensure smooth participation for future learners.

Together, these discussions resulted in the finalization of the clinical component of the Global Health elective at BRHMC.

Cultural Immersion Curriculum

Recognizing the importance of social and cultural exposure in global health education, representatives from Bicol University agreed to develop a cultural immersion curriculum. The curriculum is expected to include sessions on local culture, introductory Tagalog language training with basic medical terminology, an overview of Philippine and Albay region history, local cultural perspectives on health, and the social determinants of health in the Bicol region.

Student Onboarding

A significant milestone during the visit was the onboarding of the first participating medical student in the Global Health Elective in the Philippines.

Imani Mullings, a fourth-year medical student from Ross University School of Medicine, began her clinical global health experience at Bicol Regional Hospital and Medical Center on February 16, 2026. She was scheduled to spend the first three weeks in the Family Medicine department and the second three weeks in Obstetrics and Gynecology.

The BRHMC team organized a special orientation meeting for the student. During this meeting, hospital leadership and faculty provided an overview of the hospital's clinical services, educational environment, and the specific departments in which the student would be rotating.

This session offered valuable insight into how the hospital integrates clinical training with patient care and allowed us to better understand the educational framework supporting student learning. We also had an opportunity to accompany Imani on a tour of the departments where she will be rotating and meet with the heads of the respective departments to discuss the structure of her clinical experience and expectations for the elective.

In addition, we were introduced to a local fifth-year medical student who volunteered to assist the visiting Global Health Elective student during her rotation. He will serve as a peer mentor, helping the visiting student become familiar with the hospital environment, clinical routines, and daily workflow. This "buddy" system is designed to support visiting students as they adapt to the new clinical and cultural setting, a common practice at most of our global health sites.

Being able to observe this onboarding process firsthand was particularly valuable, as it allowed our team to better understand how visiting students are welcomed, oriented, and integrated into the clinical learning environment at Bicol University and BRHMC.

Participation in the Floating Clinic Medical Mission

Another key highlight of our visit was our participation in the Floating Clinic initiative, a community outreach program that provides healthcare services to geographically isolated communities in the Bicol region.

During the visit, we joined faculty, administrators, and student volunteers from Bicol University College of Medicine, College of Nursing, and Tabaco Campus for a medical mission to Barangay Nahapunan, Cagraray, Albay.

In the Philippines, a barangay is the smallest administrative and community unit of local government, similar to a village or neighborhood. Many barangays, particularly in coastal or island regions, face challenges in accessing regular healthcare services. We travelled to Barangay Nahapunan, located on the island of Luzon, with a population of 412 people according to the 2020 Census.

The Floating Clinic initiative delivered essential healthcare services to residents of Barangay Nahapunan, and nearby communities, who were informed about the Floating Clinic by radio outreach. Faculty together with students conducted health consultations, basic medical assessments, and patient education sessions for children and adults.

Academic Engagement and Global Health Forum

It was a privilege for our delegation to be invited to participate in the first AIMS for Sustainable Development Goals (SDGs): Global Citizenship and International Academic Perspective conference, organized by the Bicol University International Relations Office and led by Professor Evangeline Honrado. The event brought together Bicol University faculty members, international guests from India, Germany, and the US, and local medical and nursing students interested in exploring how academic partnerships and global health initiatives contribute to the United Nations SDGs, a global framework adopted by the United Nations to promote health, education, and sustainable development worldwide.

During the program, Dr. Bulat Ziganshin delivered a presentation highlighting how the work of the Global Health Academy aligns with several Sustainable Development Goals, particularly those related to health equity (SDG 3, SDG 16), education (SDG 4), and international collaboration (SDG 17). Dr. Jasper Tolarba presented on the role of global health in nursing education, emphasizing the importance of interdisciplinary collaboration and the growing role of nurses in addressing global health challenges.

The following day, the Global Health Academy and Sacred Heart University delegation, together with the Bicol University's College of Medicine and College of Nursing, organized a Global Health Forum for medical and nursing students at Bicol University. Despite taking place on a Saturday morning, the event was attended by approximately 200 students, reflecting the strong interest towards global health among the university community.
During the forum, members of the delegation presented on topics including global health education in medicine and global health in nursing, sharing perspectives on international training opportunities, interdisciplinary collaboration, and the role of healthcare professionals in addressing global health challenges.
A particularly meaningful moment of the event was the participation of Imani Mullings, our first GHE participant in the Philippines. She shared her understanding of global health, reflections on her global health journey, and her experiences starting a new clinical elective in the Bicol Region. Her perspective provided fellow students with insight into the opportunities and personal growth that international learning experiences can offer.
The forum created an open and inspiring space for dialogue, learning, and exchange of ideas, highlighting the strong interest among Bicol University students in global health and international collaboration.

Outcomes

The second site visit resulted in several important outcomes that will shape the future development of our partnership with Bicol University.

Global Health Electives

The visit finalized the clinical component of the Global Health Elective's program, establishing a clear structure for student participation, faculty supervision, and educational engagement within hospital departments.

Work began on the cultural immersion curriculum, which will become an integral component of the elective program and help students engage more deeply with the cultural and social context of healthcare in the region.

The institutions also reached a final agreement regarding student accommodation, ensuring safe and appropriate housing arrangements for visiting students during their electives.

The successful onboarding of the first participating student marked the beginning of the global health electives within the partnership, laying the foundation for future exchanges.

An important outcome of the visit was the opportunity to assess the local environment and safety conditions firsthand. During the visit, Mount Mayon remained at Alert Level 3, indicating an active eruptive state. Observing the region under these conditions allowed us to evaluate institutional preparedness, safety protocols, and real-time response systems in Legazpi.

Community Engagement Through the Floating Clinic

Participation in the Floating Clinic strengthened collaboration between institutions and highlighted the importance of community-based healthcare education. Both institutions expressed interest in sustaining the Floating Clinic as a monthly initiative, allowing visiting students and faculty to participate alongside Bicol University teams in delivering healthcare services to underserved communities.

Expanding Academic Collaboration

The visit also opened opportunities for new partnerships, including potential collaboration between Sacred Heart University and Bicol University College of Nursing.

Additionally, discussions included the possibility of Bicol University medical and nursing students visiting Nuvance Health facilities and Sacred Heart University for global health exposure and experiential learning.

Conclusion

The February 2026 site visit to Bicol University represents an important step in strengthening a growing partnership.

What began with the Bicol University team's first visit to the US, followed by the signing of a Memorandum of Understanding in the Philippines, has evolved into a dynamic collaboration that continues to grow through shared learning, mutual respect, and a common mission to improve healthcare, medical education, and serve underserved populations.

Global Health Site Visit to India

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From February 24 to March 1, 2026, our team from the Global Health Academy at Nuvance Health traveled to Wardha and Silvassa, India, to visit colleagues at Datta Meghe Institute of Higher Education & Research (DMIHER) and explore opportunities for collaboration in global health education, clinical training, and research.

Our delegation included Drs. Bulat Ziganshin and Elina Mukhametshina, Carolyn Guarino, Manager of the Global Health Program and Global Health Academy; and myself, Anastasia Zholud, Coordinator of the Global Health Program for American University of the Caribbean (AUC) and Ross University School of Medicine (RUSM).

We began our visit in Wardha, where we were warmly welcomed by colleagues at Datta Meghe Institute of Higher Education & Research. We had the privilege of meeting with Dr. Zahiruddin Quazi, Executive Director of the Directorate of Research and Innovation at DMIHER and Professor of Community Medicine, and Dr. Abhay Gaidhane, Professor of Community Medicine at Jawaharlal Nehru Medical College and Director of Research (Epidemiology) at DMIHER.

Our conversations focused on potential areas of collaboration between our institutions, including global health education initiatives, clinical electives for international trainees, faculty exchange, and collaborative research projects. These discussions reflected a shared commitment to strengthening global health education and building partnerships that can benefit both institutions and the communities they serve.

During our time in Wardha, we toured the academic and clinical facilities affiliated with Datta Meghe Medical College and Acharya Vinoba Bhave Rural Hospital (AVBRH). These visits offered valuable insight into the educational environment and clinical infrastructure supporting medical training and patient care. We also had the opportunity to meet with medical students, who engaged with us in a lively discussion about research, academic development, and international collaboration. The students asked thoughtful questions about potential scientific partnerships, shared research opportunities, and even broader topics such as the role of artificial intelligence in medicine and research, reflecting both curiosity and a strong commitment to advancing their academic interests.

One particularly memorable highlight of our time in Wardha was a visit to Sevagram Ashram, where Mahatma Gandhi lived and worked for many years. It was here that Gandhi planned and coordinated much of India's independence movement and developed many of the principles that continue to inspire social change around the world. Walking through the ashram offered a powerful reminder of the connection between public service, social justice, and community well-being. Gandhi's words felt especially relevant in the context of global health:

"The best way to find yourself is to lose yourself in the service of others."

For me personally, this visit was particularly valuable in my role as Global Health Elective Program Coordinator. Having recently begun conducting site visits, including a prior visit to Armenia, it was important for me to see firsthand where our students complete their rotations – from the clinical environment to their accommodation. Observing these settings directly provides a perspective that is difficult to gain remotely. Equally important was the opportunity to spend time in conversation with our colleagues and partners, strengthening relationships that are often maintained online.

In a world where much of our collaboration takes place virtually, meeting in person and experiencing the environment together remains an essential part of building trust and sustaining strong partnerships.

After completing our visit in Wardha, we traveled to Silvassa, where our colleagues kindly invited us to participate in the 53rd Annual National Conference of the Indian Association of Preventive and Social Medicine (IAPSMCON 2026), hosted by NAMO Medical Education and Research Institute. While conference participation was not the primary purpose of our

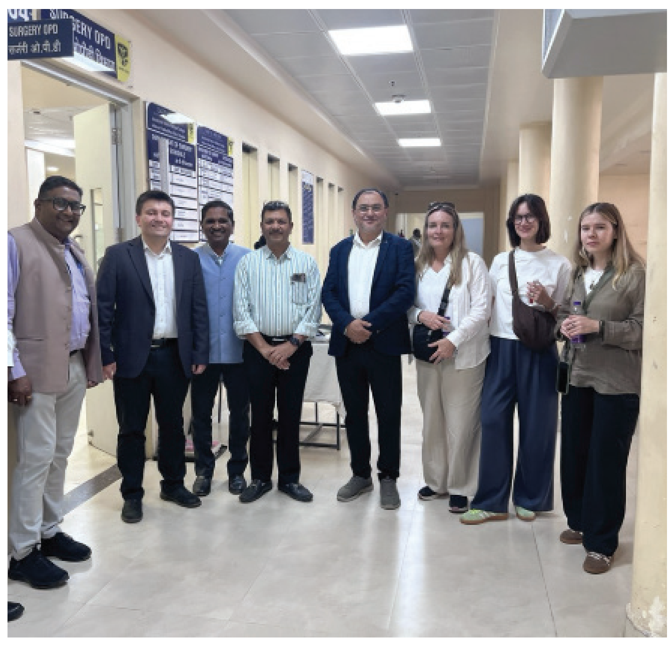
visit, it became a welcome extension of the trip and allowed us to engage with a broad community of public health educators and practitioners.

During the conference, Dr. Ziganshin and Dr. Mukhametshina participated as chairpersons in several conference sessions, contributing to academic discussions and gaining insight into how a large scientific meeting dedicated to preventive medicine and public health is organized in India. The conference also provided an opportunity to connect with colleagues from other institutions, including the leadership of NAMO Hospital and NAMO Medical Education and Research Institute, and to explore additional avenues for collaboration aligned with our shared goals.

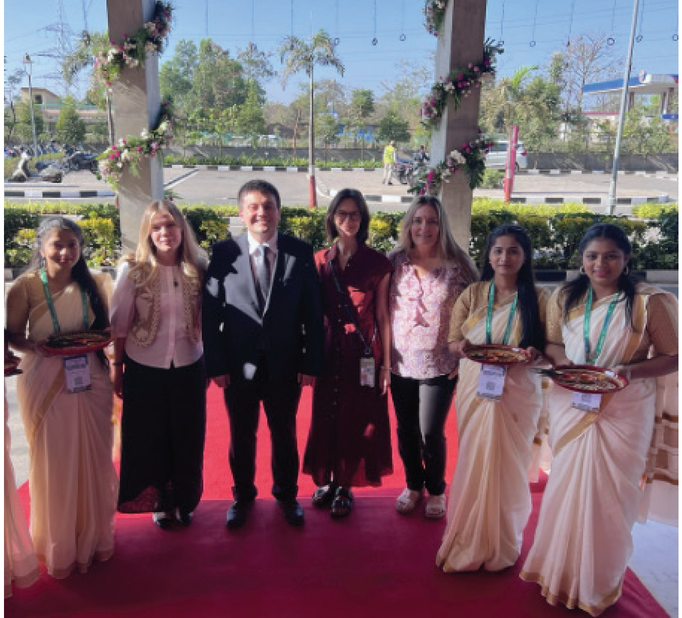
Beyond the academic program, our visit also offered a glimpse into the cultural and natural landscape of the region. We were deeply touched by the thoughtful gift of books by Mahatma Gandhi, which now hold a place in the Global Health Academy library and serve as a reminder of the values of service, leadership, and social responsibility that continue to guide global health work.

We are sincerely grateful to our colleagues at Datta Meghe Institute of Higher Education & Research for their exceptional hospitality, thoughtful planning, and generous spirit throughout our visit. The trip strengthened our institutional connections and created strong momentum for future collaboration.

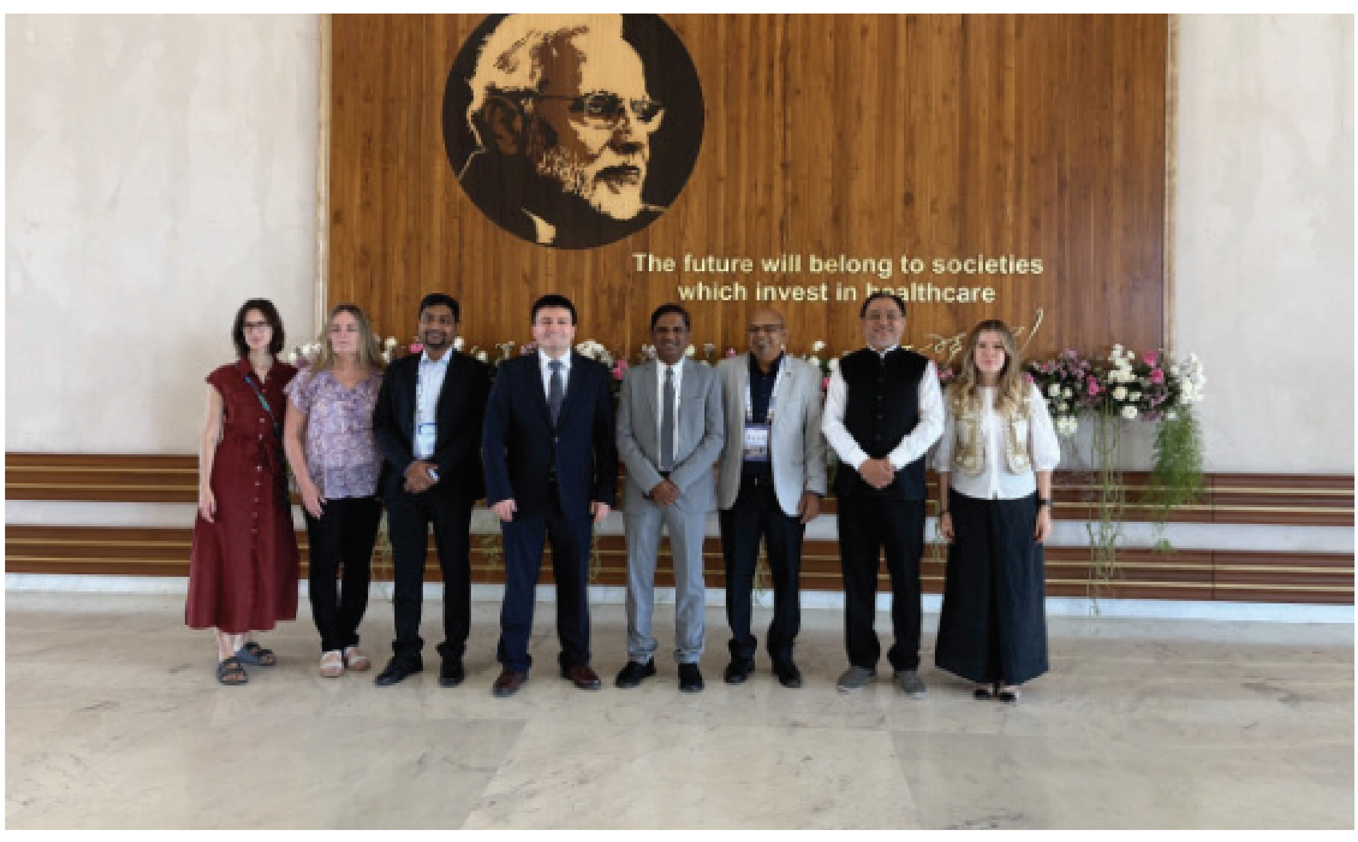
As we move forward, we look forward to identifying a focused set of priority areas for partnership, including global health electives, educational initiatives, and collaborative research. We are confident that this relationship will continue to grow into a meaningful and lasting collaboration that benefits students, faculty, and the communities our institutions serve.



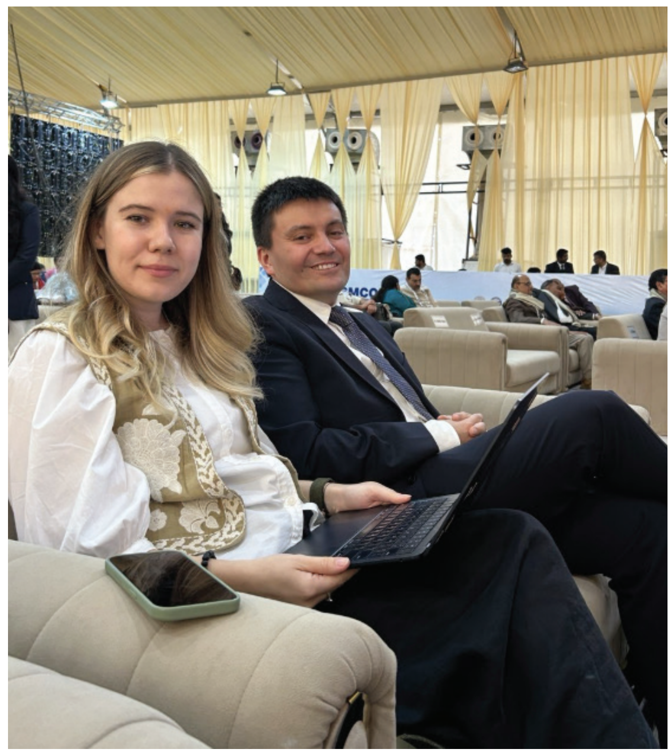
Touring Acharya Vinoba Bhave Rural Hospital (AVBRH)


Warm Traditional Welcoming at IAPSMCON 2026 – the 53rd Annual National Conference of the Indian Association of Preventive and Social Medicine

First day at the Datta Meghe Institute of Higher Education & Research (DMIHER)



2nd Day of the Conference



Dr. Ziganshin and Dr. Mukhametshina Preparing to Chair Their Sessions at the Conference

Bookstore in Sevagram Ashram

Global Health Bridge 2026: Advancing Equity and Education in Global Health

Sean Nuremberg[1]

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Abstract

The 2026 Global Health Bridge was a two-day educational experience that brought together medical trainees, clinicians, and global health professionals to explore global health challenges, cross-cultural practice, and equitable healthcare systems. It highlighted foundational global health domains and fostered engagement with national and international experts. This summary reflects on the impactful sessions and the successful educational outcomes for participating students.

Keywords: Global Health, Medical Education, Health Equity, Mental Health, Global Health Bridge

Introduction

From the perspective of our Global Health team, the 2026 Global Health Bridge was the culmination of months of strategic planning and cross-departmental teamwork. It was rewarding to see the Creasy Auditorium at Danbury Hospital filled with students and specialists ready to engage in a robust curriculum. Following a welcome from Dr. Aparna Oltikar, the two-day event commenced with a clear objective: to demonstrate how global health frameworks translate into clinical practice and how we can build healthcare systems that prioritize equity on a global scale.

Impactful Sessions and Themes

Dr. Bulat Ziganshin opened the program by defining the core principles of global health and discussing the critical need to move away from a "colonial mindset" in international partnerships. Dr. Kirk Scirto followed with an in-depth analysis of the systemic crises facing modern public health and the geopolitical role of the United States. Dr. Jasper Tolarba provided a technical overview of the Philippines' devolved healthcare structure, offering a unique case study in administrative decentralization.

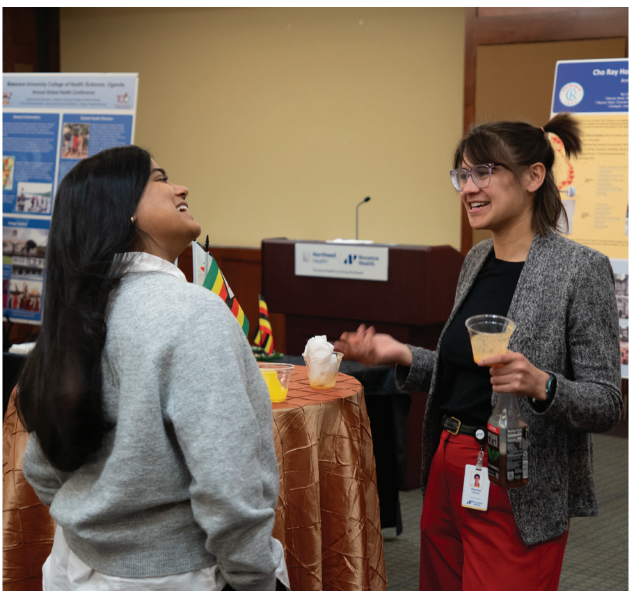
To ground the discussion in clinical realities, Dr. Stephen Scholand shared his expertise on tropical medicine, focusing on infectious disease epidemiology and the persistent burden of malaria. Another vital session was led by Dr. Jonathan Melk, who discussed the "Edge of America," detailing the complex socioeconomic and health challenges faced by Federally Qualified Health Centers along the rural US/Mexico border.

The presenters also sought to provide direct insight into international health infrastructures. Participants heard from Dr. Gohar Shahsuvaryan on the Armenian healthcare system and Dr. Fiona Makoni on the specific public health hurdles in Zimbabwe. A highlight of the event was the interactive panel with Dr. Charles Herrick, Dr. Majd Soudan, and Dr. Sabih Rahman, who engaged in a real-time dialogue with residents from Makerere University regarding disparities in global mental health education. The event concluded with a lecture from Yale's Dr. Kaveh Khoshnood, who addressed the intersection of public health, ethics, and humanitarian response in conflict zones.

Student Outcomes and Success

As members of the Global Health team, the most rewarding aspect was witnessing the professional growth of the students. During the career pathways session moderated by Dr. Steve Scholand, the students were highly engaged, asking technical and ethical questions that showed a

deep interest in health equity. The networking reception provided a space for new connections to flourish, allowing students to speak one-on-one with experts about future research and international clinical rotations.



Conclusion

The 2026 Global Health Bridge demonstrated the impact of collaborative, evidence-based education. Our goal was to create a forum for dialogue on improving health outcomes for the world. The high level of engagement from both speakers and attendees reinforced the Global Health Academy's mission to prepare the next generation of providers for the complexities of global healthcare.

Conflict of Interest Statement: The author declares no conflicts of interest

Jamaica Site Visit: Exploring a New Global Health Partnership with the University of the West Indies and the University Hospital of the West Indies

Bulat A. Ziganshin[1]

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March 22-25, 2026

Kingston, Jamaica

In March 2026, a joint delegation from Nuvance Health and Northwell Health traveled to Kingston, Jamaica, for an exploratory global health site visit to the University of the West Indies (UWI), Mona Campus, and the University Hospital of the West Indies (UHWI). The visiting team included Dr. Varinder Singh, Executive Vice President for International and Global Affairs at Northwell Health; Grace Linhard, Chief Development Officer at Nuvance Health; Dr. Sandra Lindsay, Vice President for Public Health Advocacy at Northwell Health; and Dr. Bulat Ziganshin, Executive Director of Global Health at Nuvance Health. This visit represented the first of two reciprocal site visits envisioned as part of the Global Health Academy's established process for developing new international partnerships. It also marked the first collaborative effort between the global health teams of Nuvance Health and Northwell Health to explore the creation of a new academic and educational partnership in Jamaica, centered on the Global Health Academy model and its emphasis on equitable, bi-directional exchange. The visit was designed to assess local needs and resources in medical education, identify priority areas for collaboration, evaluate the site's suitability for student and resident global health electives, discuss the implementation of the Global Health Scholars Program, and begin outlining the framework for a future memorandum of understanding.

A key opening engagement of the visit was a meeting with Professor Densil A. Williams, Principal of the University of the West Indies, Mona Campus. Also present were the full US-based visiting delegation, Dr. Carl Bruce, Chief Medical Officer of UHWI, Dr. David Walcott, Consultant, and Dr. Xavier Brown of the Department of Obstetrics and Gynecology. The meeting provided an important strategic introduction to the academic environment and future vision of UWI. Professor Williams shared an overview of the university, its priorities across the health professions, and its development plans, including the expansion of a new western medical campus in Montego Bay. During the discussion, Dr. Ziganshin presented the purpose of the visit, described the Academy's mission and vision, and explained how the Academy works with partner institutions across its network. Particular attention was given to the proposed bi-directional model for Jamaica, which would involve students, residents, and fellows traveling to Jamaica for global health electives, while junior faculty from Jamaica would travel to the United States as Global Health Scholars for clinical training opportunities. Dr. Bruce affirmed UHWI's support for the initiative and assumed a leading role in helping to guide the operationalization of the partnership. The Jamaican colleagues were also invited to participate in the reciprocal site visit to Connecticut and New York during the Annual Global Health Conference in September 2026. The delegation also participated in a brief courtesy meeting at the Ministry of Health with Jamaica's Minister of Health, Dr. Christopher Tufton, accompanied by Mr. Courtney Sephas. Although the meeting was intentionally concise, it served as a valuable opportunity to introduce the visiting Nuvance/Northwell team, explain the intended nature of the partnership, and identify the principal local collaborators. Importantly, the delegation received the Minister's full support for the development of the collaboration. The conversation also touched on several high-level national priorities, including the shortage of

nursing staff and the broader need for education and capacity building -- areas that align closely with the strengths and experience of the Global Health Academy. A major centerpiece of the visit was the formal meeting with the leadership of the UWI Faculty of Medical Sciences. Participants included Professor Joseph Plummer, Dean of the Faculty of Medical Sciences; Professor Marvin Reid, Principal Director for Research, Innovation and Partnership; Dr. Carl Bruce; Dr. David Walcott; Dr. Xavier Brown; the Head of the MBBS Undergraduate Programs; Sister Thomson, Head of Nursing at UHWI; additional representatives from the leadership of the Faculty of Medical Sciences and UHWI; and the full US-based delegation. Following introductions, Dr. Ziganshin delivered a formal presentation introducing Nuvance Health and Northwell Health, outlining the GH Academy's work across its network of international partners, and describing what a partnership with the Jamaican site could look like in practice. The presentation included a detailed explanation of the bi-directional exchange model and the requirements for both visiting trainees from the United States and Jamaican junior faculty participating in the Global Health Scholars Program. The presentation was followed by a robust discussion and question-and-answer session led by Dean Plummer, Professor Reid, and Dr. Bruce. During this exchange, the Jamaican leadership articulated several priority areas for collaboration, including capacity building, nursing education, simulation-based training, and research. The meeting concluded with a clear and enthusiastic expression of support from the leadership of UWI and UHWI for pursuing a formal partnership in global health.
Following the leadership meeting, Dean Plummer provided the delegation with a tour of the Faculty of Medical Sciences building. This visit offered a firsthand look at a modern, state-of-the-art educational environment designed to support the training of physicians, nurses, dentists, physical therapists, and other allied health professionals. The tour reinforced the strength of the academic infrastructure available at UWI and highlighted the institution's capacity to serve as a meaningful and high-quality site for future educational collaboration.

The site visit also included an assessment of student and faculty accommodations on the UWI campus. The Nuvance/Northwell delegation was able to tour the available student housing that could potentially be used by visiting students, residents, and faculty during future educational exchanges. This was an important component of the visit, as safe and appropriate housing is a foundational requirement of the Global Health Academy's partnership model. The accommodations were found to meet the Academy's standards, including safety, location on campus, and access to essential services. In addition, the delegation visited the UWI School of Nursing and met with its leadership to discuss the priorities and challenges of nursing education. This conversation was particularly relevant given the identified need for nursing workforce development and the shared interest in strengthening training and capacity-building initiatives in this area.

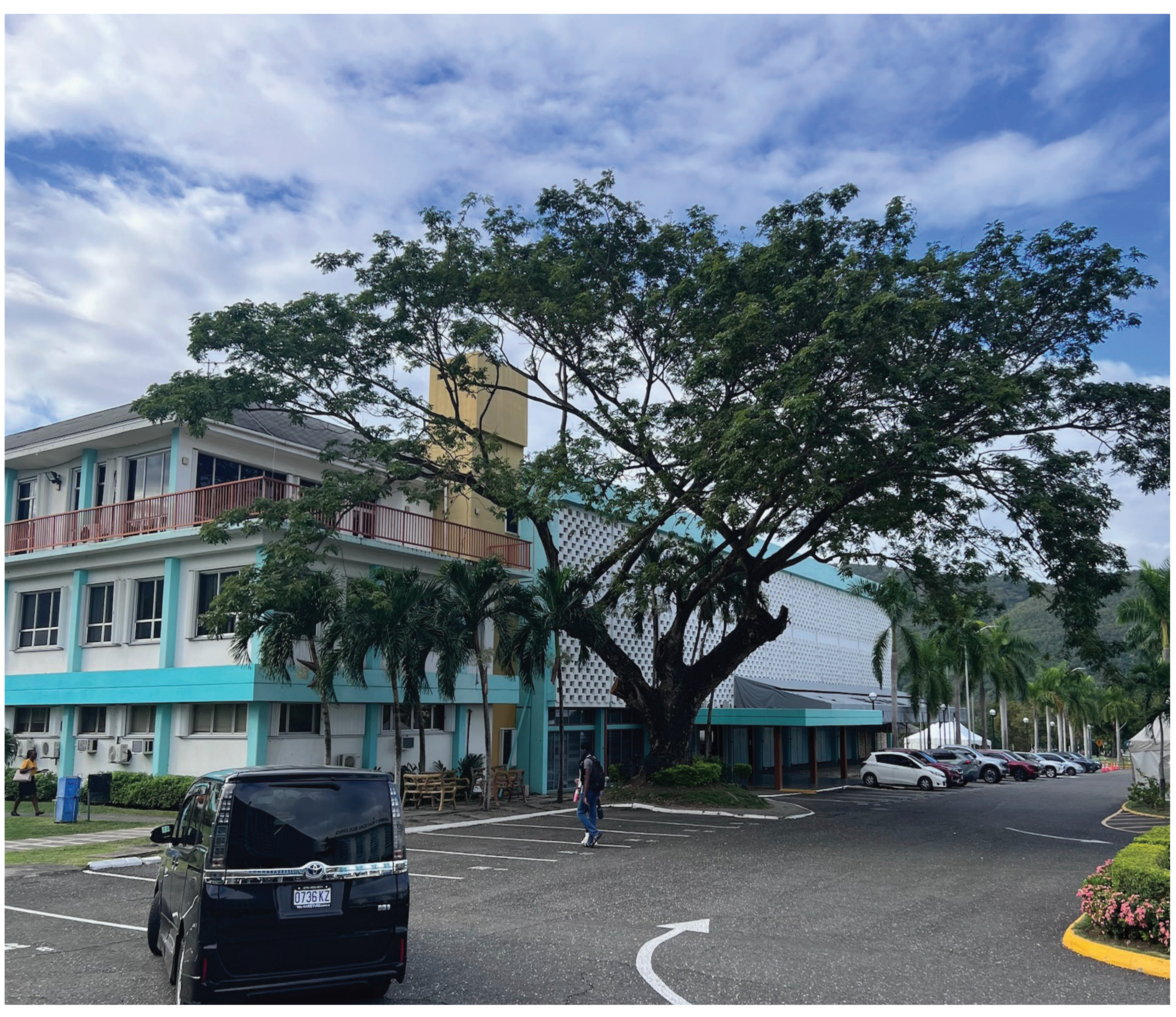
The clinical tour of the University Hospital of the West Indies offered further insight into the breadth and sophistication of the Jamaican partner site. The delegation visited the Accident and Emergency Department, the field hospital originally constructed during the COVID-19 pandemic and now used as overflow capacity for emergency care, as well as diagnostic radiology, nuclear medicine, interventional radiology, cardiology, intensive care, and outpatient services. As a 550-bed tertiary referral hospital serving Jamaica, UHWI demonstrated both the clinical volume and specialty breadth necessary to support meaningful trainee experiences and faculty collaboration. The tour confirmed that UHWI possesses the clinical infrastructure and service diversity needed for a robust academic global health partnership.

At the conclusion of the institutional visits, the delegation reconvened with the leadership of UHWI for a debriefing session focused on next steps. This discussion centered on how to move the partnership from exploration toward implementation, including the development of a memorandum of understanding and the practical steps required to establish Jamaica as the 10th partner site of the Global Health Academy. The tone of the debriefing was constructive and forward-looking, reflecting the strong interest and mutual commitment that had emerged over the course of the visit.

Beyond the formal meetings, the delegation also engaged in several cultural experiences that enriched the visit and deepened understanding of the local context. These included sampling Jamaican national and traditional foods, viewing the murals of Kingston, visiting the Bob Marley Museum, touring Devon House, and traveling to Port Royal for a tour of Fort Charles. These activities provided valuable cultural perspective and

reinforced the importance of entering new global health partnerships with humility, curiosity, and respect for local history, identity, and community.

Overall, the Jamaica site visit was an inspiring and highly successful exploratory effort that opened the door to a promising new global health partnership. The discussions throughout the visit made clear that UWI, UHWI, Nuvance Health, and Northwell Health share a common vision for collaboration grounded in education, capacity building, and long-term institutional partnership. At both the faculty and administrative levels, there was strong interest in building a relationship based on bi-directionality, mutual respect, and equitable exchange. As planning advances toward a reciprocal visit and the development of a formal agreement, this initial engagement in Jamaica stands as an important milestone in the continued growth of the Global Health Academy's international network and its commitment to building thoughtful, sustainable, and mission-driven partnerships.



Fifth Annual Global Health Conference 2026

Preparations are well underway for the **Fifth Annual Global Health Conference**, which will take place from **September 27 to October 1, 2026**, at the Heritage Hotel & Conference Center in **Southbury, Connecticut, USA.**

This year's Conference will bring together health professionals, educators, trainees, and partners from across the global network to engage in dialogue, share experiences, and strengthen collaboration. Centered around the theme:

"From Partnership to Practice: Global Collaborators Shaping the Future of Education in Global Health,"

The program will focus on translating partnerships into meaningful, practice-oriented outcomes and advancing global health education through shared learning.

Invitations to international partner sites have already been distributed, and we look forward to welcoming colleagues from across our global community. Registration for domestic participants will open soon. The Global Health Conference Program Committee is actively shaping this year's program, with an emphasis on diverse perspectives, interactive sessions, and opportunities for meaningful engagement across disciplines.

Looking Ahead: Expanding the Conference to Partner Sites

Beginning in 2027, the Global Health Academy (GHA) will transition to hosting the Annual Global Health Conference across international partner sites. This marks an important evolution in the Conference model, bringing the event closer to the communities and institutions where global health work is actively taking place.

The call for applications to host the Sixth Annual Global Health Conference (2027) and Seventh Annual Conference (2028) has been launched and shared with all partner institutions. This initiative reflects a commitment to strengthening bidirectional exchange, fostering regional engagement, and creating new opportunities for locally grounded collaboration.

To support prospective host institutions, informational webinars will be held on April 7 and May 5, 2026

These sessions will provide an overview of the application process, expectations for host sites, and opportunities for partnership in shaping the Conference program. Additional materials, including the Host Site Information Package, have been shared directly with partner site leadership.

Global Health Innovation Idea Challenge (GHIIC) 2026

Following the success of last year's inaugural challenge, the Global Health Innovation Idea Challenge (GHIIC) will continue in 2026 as one of the core components of the Conference. This initiative is designed to foster collaborative, interdisciplinary solutions to pressing global health challenges across partner sites.

The GHIIC invites students, clinicians, educators, researchers, and innovators to develop proposals that are innovative, practical, and grounded in partnership, with the goal of advancing health equity and improving outcomes in diverse settings.

Selected finalists will present their projects during the GHIIC Pitchfest at the Annual Global Health Conference in September 2026. Winning teams will receive mentorship, financial awards (up to $20,000), and potential support to further develop and implement their ideas.

Focus Areas

- Health Equity and Access
- Emerging Health Technologies (including AI, telemedicine, and mobile health)
- Global Health Education
- Sustainable Health Systems

Key Timeline

Proposal submission period: April – June 2026

Submission deadline: June 1, 2026

Finalist selection: July – August 2026

Pitchfest presentation: September 2026 (Southbury, CT)

Informational Webinars

April 28, 2026 | 9:00–10:00 PM EST

May 21, 2026 | 8:00–9:00 AM EST
Each session will include an overview of the Challenge, guidance on proposal development, and a live Q&A.

Participants will also benefit from mentorship opportunities, engagement with international experts, and the opportunity to present their ideas to potential funders.

Annual Global Health Awards and Scholarship

The Global Health Conference will also continue its tradition of recognizing individuals who demonstrate outstanding leadership, mentorship, innovation, and commitment to global health.

The call for nominations for the 2026 Global Health Awards will open in April, 2026, with submissions due by June 1, 2026.

This year's awards include:

- **John M. Murphy, MD Leadership Award**
- **Sister Jane Frances Award**
- **Linde Excellence in Mentoring Award**
- ***Majid Sadigh, MD* Annual Scholarship**

These awards highlight contributions from both students and professionals across the global network and reflect the values of collaboration, equity, and sustained engagement in global health.

Looking Forward

As preparations continue, the Fifth Annual Global Health Conference represents an important opportunity to strengthen partnerships, exchange knowledge, and advance shared goals in global health education and practice.

At the same time, the transition toward hosting the Conference at partner sites reflects a broader commitment to equity, bidirectional collaboration, and locally grounded global health engagement.

Further updates, including program details and registration information, will be shared in the coming weeks. Please follow our monthly Global Health Newsletter and check for updates on our website.

Global Health Academy Dialogues: Advancing Shared Learning Across Our Global Network

In January 2026, the Global Health Academy launched the Global Health Academy (GHA) Dialogues 2026, a new monthly academic series designed to bring together faculty, clinicians, educators, researchers, residents, and students from across our nine international partner sites. Grounded in a commitment to strengthening horizontal partnerships and promoting reciprocity, the series serves as a platform for exchanging ideas, sharing best practices, and highlighting the expertise within our global network.

The inaugural session took place on **January 20, 2026** and was led by **Dr. Marcos Núñez**, Dean of Health Sciences at Universidad Iberoamericana (UNIBE), Dominican Republic, and President of the Dominican Academy of Medicine. His presentation on "Transnational Curriculum" set the tone for the series, emphasizing the importance of collaborative dialogue and shared learning in advancing global health education. The session brought together over 30 participants and generated meaningful discussion, marking a strong and engaging start to the series.

The second session, held on **February 17, 2026**, featured **Dr. Stephane Tshitenge**, Family Physician and Health Education Fellow, and Associate Program Director of the Family Medicine Residency Program at the University of Botswana. Drawing on more than 15 years of experience in primary healthcare, public health, and medical education, Dr. Tshitenge shared valuable insights into curriculum development, resident training, and strengthening primary care systems. His presentation titled "Integrating Clinical Reasoning with the Stott & Davis Model: A Biopsychosocial-Spiritual Approach to Consultation" highlighted key areas such as consultation and communication skills training, learner-centered medical education, and interdisciplinary mentorship. Participants also gained insight into his contributions to medical education scholarship and community health, as well as his ongoing commitment to patient-centered care and capacity building across health systems in Africa.

The third session, held on **March 17, 2026**, brought together colleagues from Zimbabwe – **Dr. Cladious Verenga, Dr. Regina Chigweremba, and Dr. Juliana Siziba** – who presented on *"Transformation Without Teachers? Scaling Faculty Capacity to Deliver Competency-Based Modular Curricula (Education 5.0) in Low-Resource Universities."* The session explored the ongoing curriculum transformation at the University of Zimbabwe, with a focus on transitioning to competency-based modular education. Presenters discussed innovative strategies for faculty development, including train-the-trainer models and communities of practice, while also addressing key challenges such as limited faculty resources and adapting to new educational approaches. The discussion offered valuable insights into how institutions can navigate educational transformation while strengthening capacity and maintaining quality in resource-limited settings.

The GHA Dialogues are held on the third Tuesday of each month at 8:00 AM EST, with each session consisting of a 45-minute presentation followed by a 15-minute interactive Q&A. Across sessions, the series continues to foster meaningful engagement and cross-institutional learning, reinforcing the value of shared experiences and collaborative problem-solving in global health.

We look forward to continuing these conversations with colleagues across our network and warmly invite you to

Global Health Electives 2026: Program Updates

The Global Health (GH) Program at Nuvance Health, established in 2012, continues to support educational exchange and capacity-building through long-standing partnerships across multiple international sites. Grounded in principles of reciprocity, cultural sensitivity, and bidirectional learning, the program facilitates Global Health Electives (GHEs) for medical students and residents each year.

American University of the Caribbean School of Medicine and Ross University School of Medicine

The first group of American University of the Caribbean School of Medicine (AUC) and Ross University School of Medicine (RUSM) students in 2026 completed their Global Health Electives during February 16 - March 27, 2026, with placements at **Bicol University in the Philippines and the University of Zimbabwe in Harare**.

An additional group of two students began their electives on March 30, 2026, with placements at the **National Institute of Health of Armenia in Yerevan** and **Cho Ray Hospital in Ho Chi Minh City, Vietnam**.

Highlights from students

Fourth-year medical student, RUSM
GHE site: UZSMHS, Zimbabwe
GHE dates: February 16 - March 27, 2026
from attending the Zimbabwe Woman Doctors Association Annual Dinner & Awards night:

"There was also a very deep, powerful speech by another brilliant doctor that resonated with me as a woman in medicine. In short, the message behind the speech was "women in medicine are everything and more." We are daughters, mothers, sisters, caretakers, nurturers, breadwinners, and the absolute backbone of families and societies… and yet… we still choose to be doctors…I am so inspired and will forever be grateful for this amazing opportunity."

Zimbabwe Woman Doctors Association Annual Dinner & Awards night

Fourth-year medical student, RUSM
GHE site: NIH Armenia
GHE dates: March 30 - May 8, 2026

"In just two weeks, this experience has pushed me to reconsider how we define excellence in medicine. It is easy to associate it with advanced technology, efficiency, or resources. But here, I have witnessed a different standard, one rooted in sacrifice, humility, and an unwavering sense of duty. Medicine, at its core, is not measured by what is available, but by what one is willing to give, and here in Armenia, physicians give everything."

Fourth-year medical student, AUC
GHE site: Cho Ray Hospital, Vietnam
GHE dates: March 30 - May 8, 2026:

"Overall, this week has felt like a lot to take in. I've felt excited and in awe at the number of patients that come through Cho Ray Hospital. I am extremely happy with the way the hospital staff have integrated me as a student and am eager to learn more. I'm starting to see how different medicine can look depending on where you are, not just in terms of resources, but in how people work together and approach care. I think I'm still processing a lot of it, but I can already tell this experience is going to add immense value to my career as a physician."

University of Vermont Larner College of Medicine

Seven fourth-year UVMLCOM students were selected to participate in Global Health Electives during the winter–spring 2026 period.

One student completed their elective at **Cho Ray Hospital, Vietnam**, on **January 26 - March 6, 2026**

Four students completed their electives in **Uganda at St. Stephen's Hospital, Mulago Hospital**, and **St. Francis Hospital** on **February 2 - 27, 2026**

Two students are competing their electives during **March-April, 2026** at **Walailak University School of Medicine, Thailand**

Residents

Resident participation in Global Health Electives has also continued across multiple specialties and sites:

One Internal Medicine resident from Danbury Hospital completed her elective at **Cho Ray Hospital, Vietnam**, from **December 29, 2025 to January 23, 2026**

One Nuvance Health psychiatry resident completed GHE at **DMIHER, India**, during **February 9 - March 6, 2026**

Three UVMLCOM psychiatry residents completed their electives at the **University of Botswana** on F**ebruary 9-March 6, 2026**

Two Neurology residents (VBMC) and one Ob/GYN resident (Danbury Hospital) completed their electives at the **University of Botswana** during **March 9 - April 3, 2026**

Four Nuvance Health residents — two from Emergency Medicine (VBMC) and two from Internal Medicine (Norwalk Hospital) — completed 4-week and 5-week electives, respectively, at **Cho Ray Hospital, Vietnam**, beginning **March 9, 2026**

One Nuvance Health psychiatry resident completed GHE at **NIH, Armenia**, during **April 6-30, 2026**

Across sites and specialties, these placements reflect the continued growth of the Global Health Electives program and the strength of partnerships that support clinical learning, professional development, and cross-cultural exchange.

Dr. Veronika Govorukhina
PGY2 Internal Medicine Resident, Danbury Hospital
GH Site: Cho Ray Hospital, Ho Chi Minh City, Vietnam
Dates: December 29, 2025 - January 23, 2026

"My global health elective at Cho Ray hospital in Vietnam was an amazing learning experience. Working in the Tropical Diseases department, I was able to see cases I rarely encounter in the U.S., such as snakebites and Dengue fever. I was impressed by attending physicians' dedication to teaching and their efforts to include me in daily rounds.

Seeing how healthcare works under different limitations was humbling and changed the way I look at my own work in the U.S. This experience reinforced the importance of global collaboration, where physicians from different countries learn from one another and share knowledge to improve patient care."

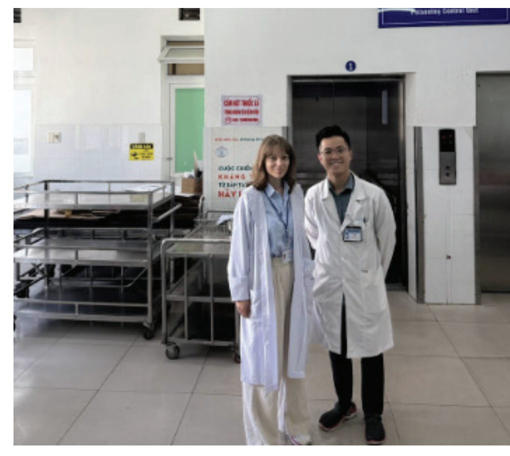
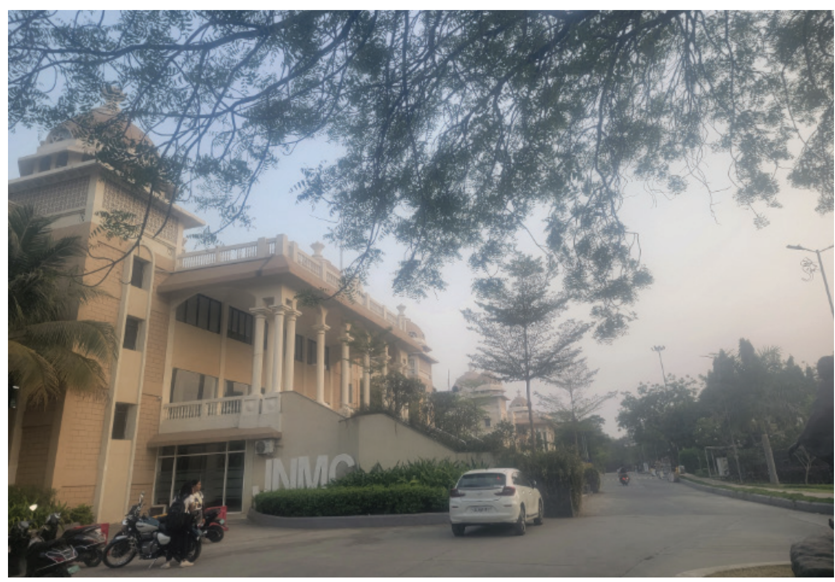
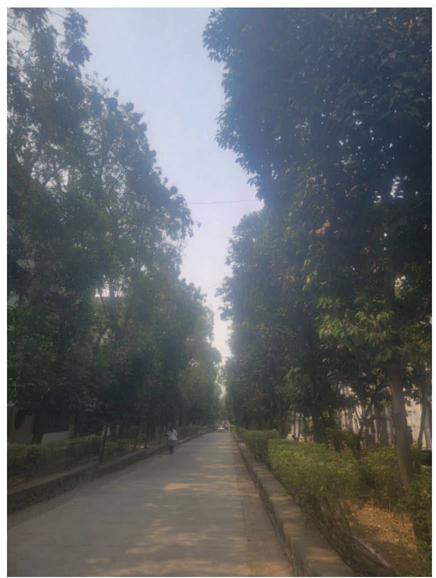


Photo: Dr. Veronika Govorukhina with Dr. An, an attending physician in the Department of Tropical Diseases.

Dr. Jaskaran Gogi
PGY4 Psychiatry Resident, Nuvance Health
GH Site: DMIHER, India
Dates: February 9 - March 7, 2026

"In the first week of my global health elective in Wardha, India, I transitioned from the winter chill of New York to a vibrant new clinical and cultural environment. I have been deeply moved by the warmth and hospitality here. Working alongside the psychiatry team, I have engaged in meaningful discussions surrounding mental health care, transforming my role from observer to active participant in a collaborative exchange of ideas. While many diagnostic and treatment approaches closely resemble those in the United States, I have also observed notable differences; particularly in resource availability and the central role of family in patient care. This experience has been both professionally enriching and personally rewarding, made even more memorable by the beauty of the college/hospital campus and the rich and diverse cuisine!"



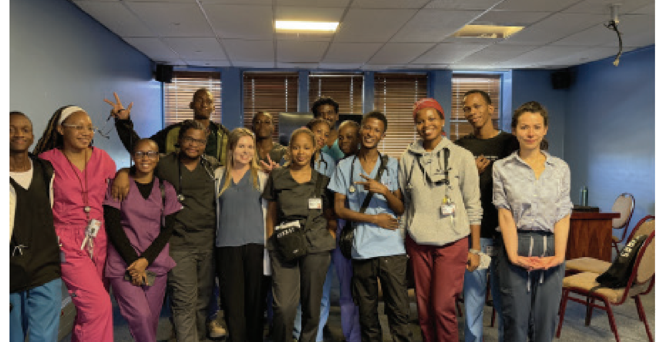


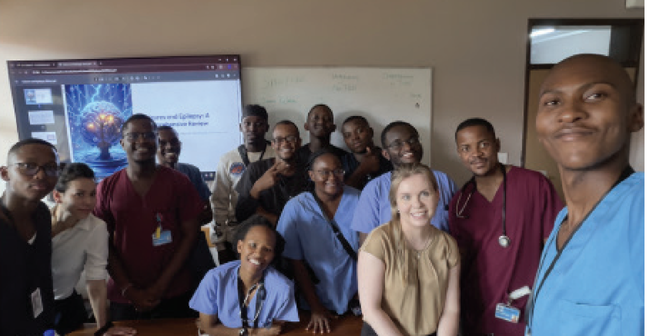
Photos by Dr. Jaskaran Gogi, Nagpur, India

Dr. Monika Mikolajczak
PGY4 Neurology Resident, Nuvance Health
GH Site: University of Botswana
Dates: March 9 - April 1, 2026

"During the second week, most of our time was spent giving presentations on different neurological topics to the 3rd, 4th, and 5th year medical students. Just like the first week, we were met with a lot of warmth and enthusiasm, which made teaching really enjoyable. The sessions were mostly PBL-based, which led to more back-and-forth discussions rather than just lecturing.

Through these discussions, I started to get a better sense of the challenges they face in their healthcare system. One thing that stood out was learning about medication shortages and how that directly impacts their clinical decisions. It was extremely humbling and made me realize how much I take for granted in terms of access to medications and resources back home. It also showed me how adaptable and resourceful they have to be, often relying more on clinical judgment than we might in a more resource-rich setting."





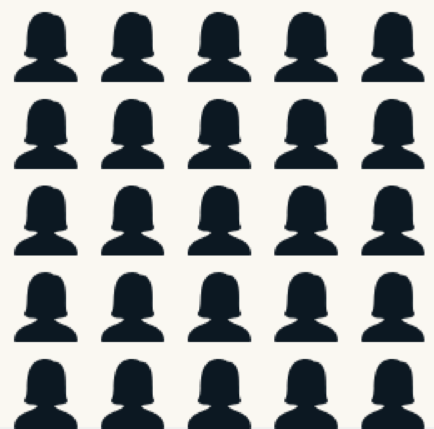
Dr. Monika Mikolajczak and Dr. Julie Tram - PGY4 Nurolody residents with medical students of University of Botswana

Program Snapshot (January–April 2026)

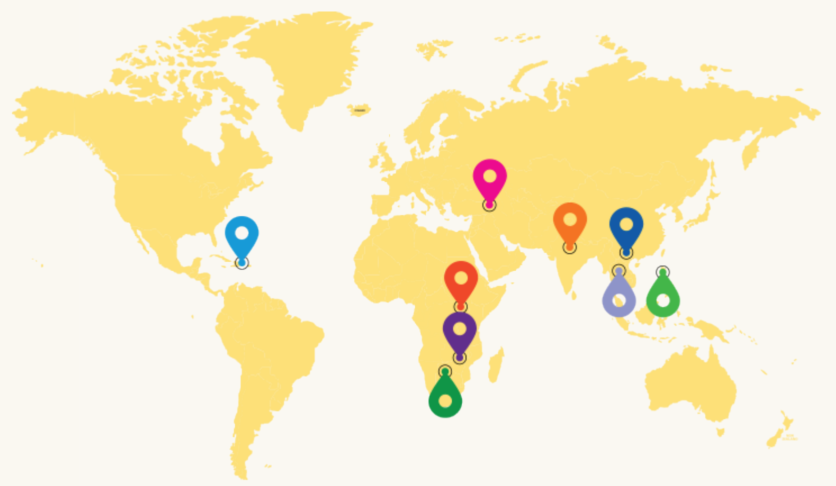
Participants

25 **Total Program Participants**

- **13** Residents
- **7** UVMLCOM Students
- **5** AUC/RUSM Students



Global Sites



Armenia (National Institute of Health)

Botswana (University of Botswana)

India (DMIHER, Nagpur)

Philippines (Bicol University)

Thailand (Walailak University)

Uganda (St. Stephen's, Mulago, St. Francis)

Vietnam (Cho Ray Hospital)

Zimbabwe (University of Zimbabwe)

Specialties Represented

Family Medicine

Internal Medicine

Emergency Medicine

Psychiatry

Neurology

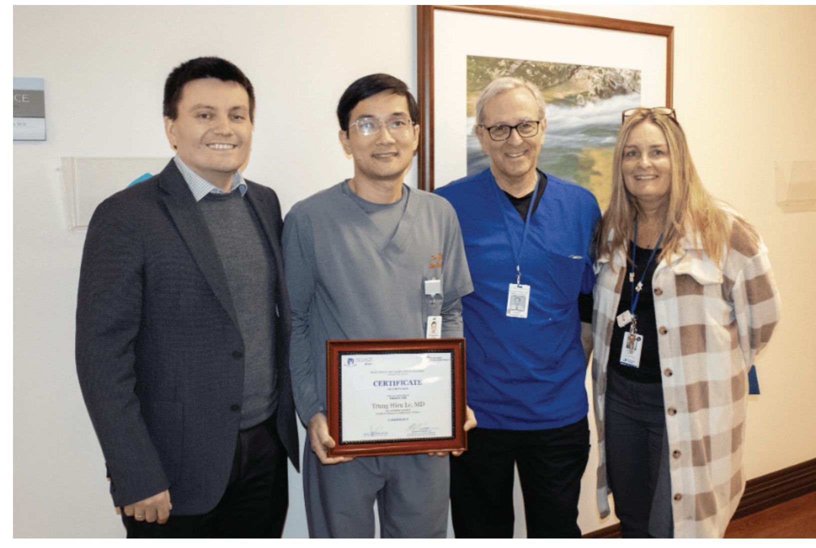
Obstetrics & Gynecology

Tropical Medicine

Global Health Scholars: 2026 Updates

The Nuvance Health Global Health (GH) Scholars Program is a core initiative of the *Majid Sadigh, MD* Global Health Academy, designed to support clinical exchange, capacity building, and professional development through partnerships with institutions across multiple countries. The program brings junior faculty and clinicians from partner sites to Nuvance Health for short-term clinical observerships and academic engagement across a range of specialties.

On January 10, 2026, Dr. Hieu Trung Le from Cho Ray Hospital, Vietnam, completed his clinical observership in Cardiology at Danbury Hospital under the supervision of Dr. Robert Jarrett, marking the beginning of this year's program activities.



Left to right: Drs. Bulat Ziganshin, Hieu Trung Le, Robert Jarrett, Carolyn Guarino

The 2026 cycle will include 31 Global Health Scholars from 10 partner institutions, representing a diverse group of physicians and nurses who will participate in observerships across 19 clinical specialties. The first cohort began arriving in March 2026, with initial placements in Endocrinology, Cardiology, Cardiac Anesthesiology, and Infectious Diseases. Among the first scholars to arrive, Dr. Lam Ai Quynh from Cho Ray Hospital, Vietnam, has begun her six-week clinical observership with the Endocrinology team in Danbury under the supervision of Dr. Umar Ahmad.

In addition, Dr. Thao Trang Thi Nguyen, Head of the Department of Cardiac Anesthesia at the Cardiovascular Center at Cho Ray Hospital, Vietnam, arrived on March 28, 2026, for a two-week faculty visit with the Department of Cardiac Surgery. This visit is part of the Global Health Leaders Without Borders Program, under the leadership of Dr. Patrick Broderick, Dr. Richard Kaplon, and Dr. Kenneth Hassler, and reflects ongoing efforts to strengthen faculty-level collaboration and exchange.

Dr. Phan Hoang An (Vietnam, CRH) will start his observership in Infectious Diseases on April 20 under the supervision of Dr. Paul Nee.

The Global Health Scholars Program continues to serve as a platform for shared learning and professional exchange, supporting the development of clinical expertise while fostering long-term institutional partnerships.
We look forward to welcoming Global Health Scholars to Nuvance Health hospitals throughout the year.

THANK YOU