

Considerations & Guidance When Sending Students Abroad

| Moderator |



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FCAP
Program Director, Professor
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University

| Speaker |



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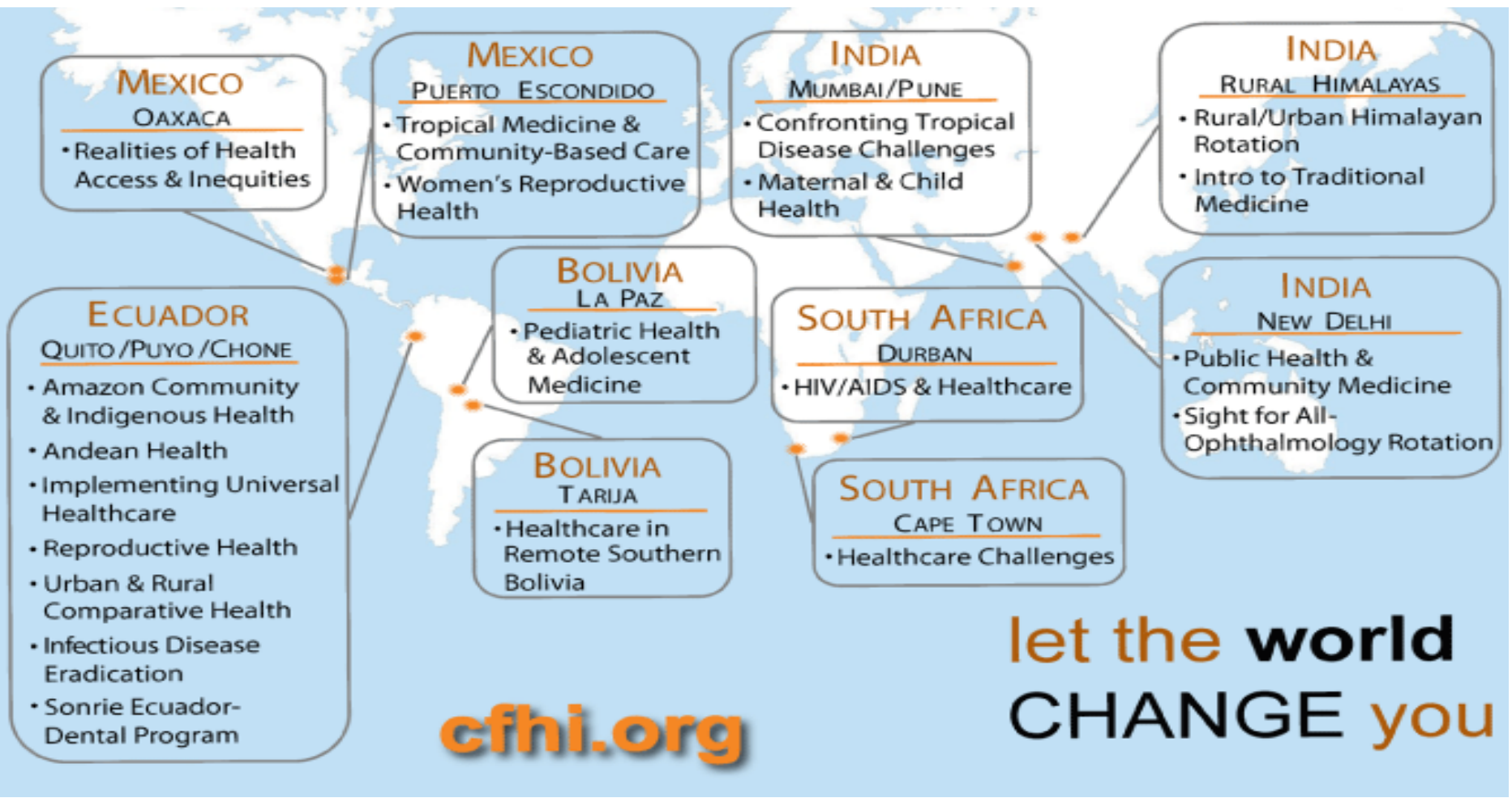


Robin Young, MBA
Director of Programs,
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| Speaker |



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Opportunities (GHLO)



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Communities of Practice Involved



What is Global Health?

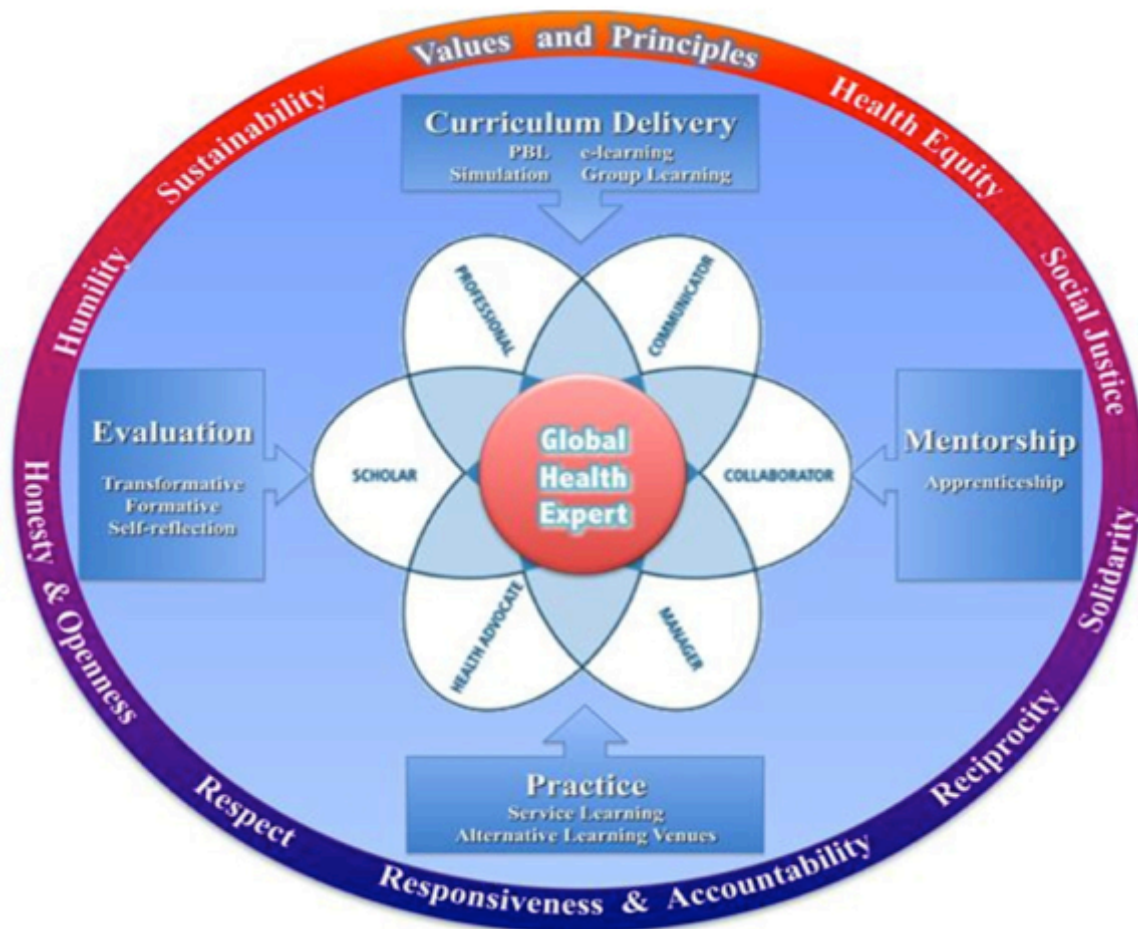
“a field of study, research, and practice that places a priority of achieving equity in health for all people. Global health involves multiple disciplines within and beyond the health sciences, is a synthesis of population-base prevention with individual level clinical care, promotes interdisciplinary collaboration, and emphasizes transnational health issues and determinants.”

Koplan et al. Consortium of Universities for Global Health Executive Board: Towards a common definition of global health. Lancet. 2009; 1993-1995.

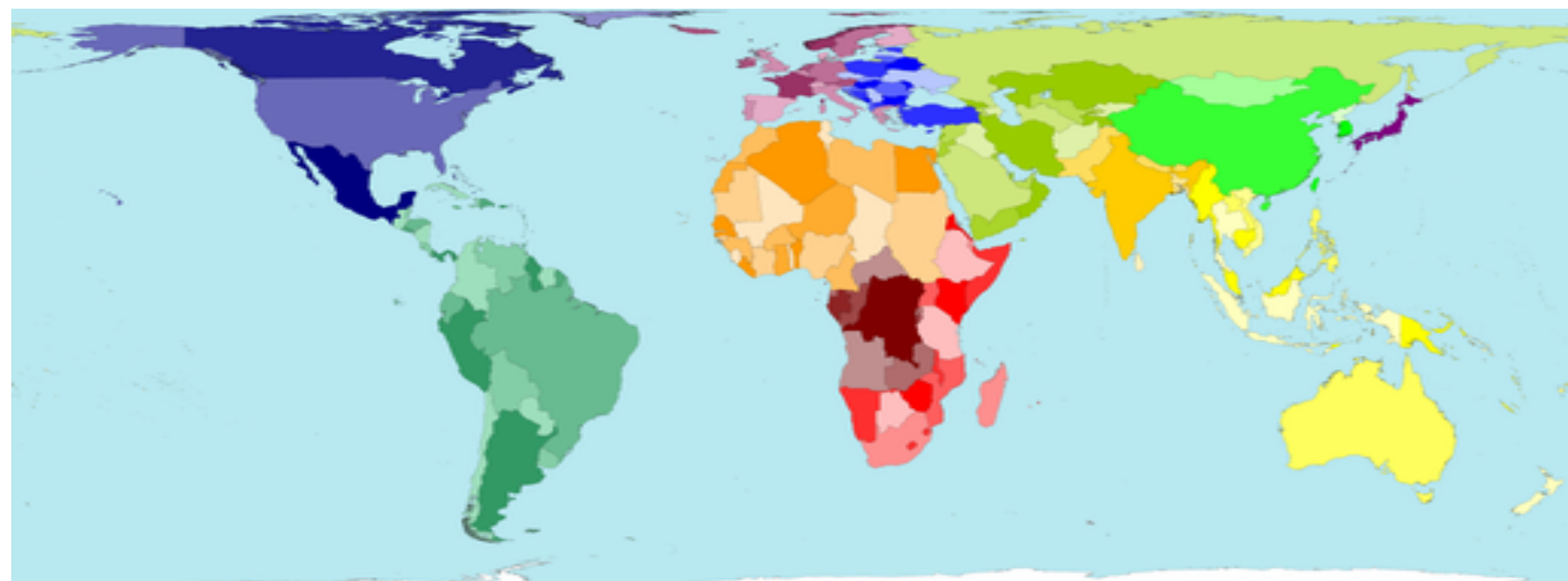
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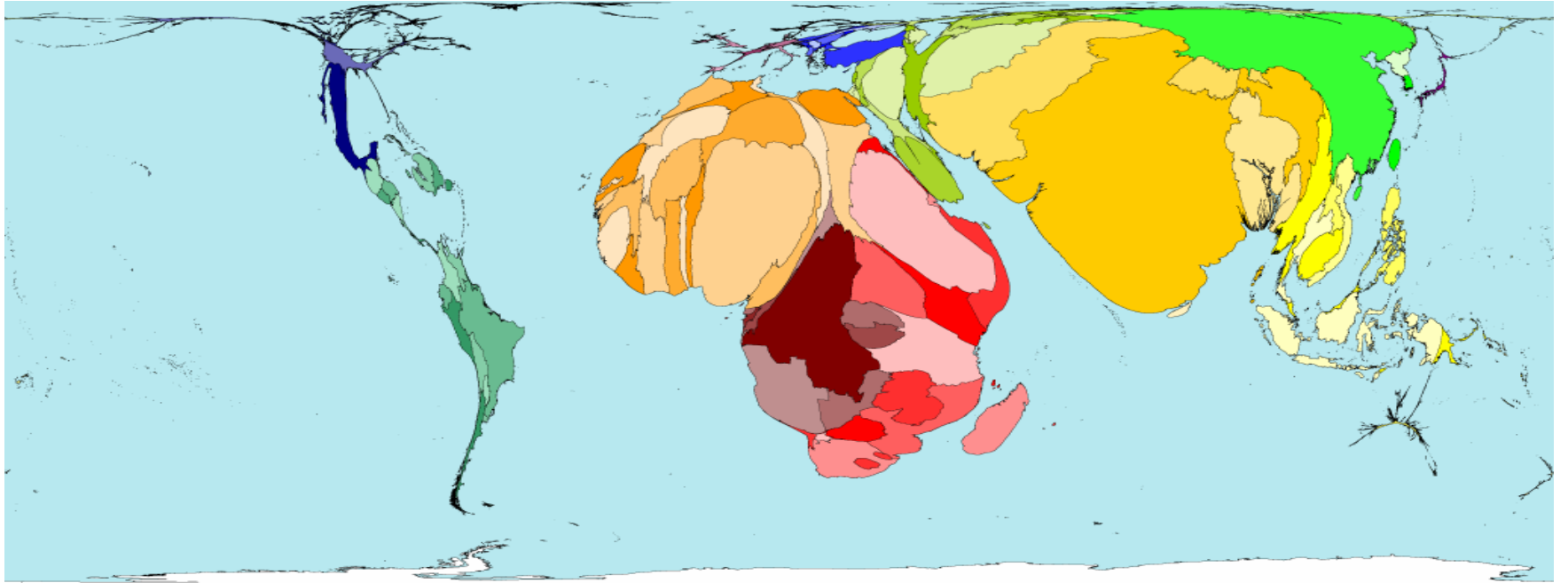
“a concept fabricated by developed countries to explain what is regular practice in developing nations.”

Consortium of Universities in Global Health. 2008. Annual Report.

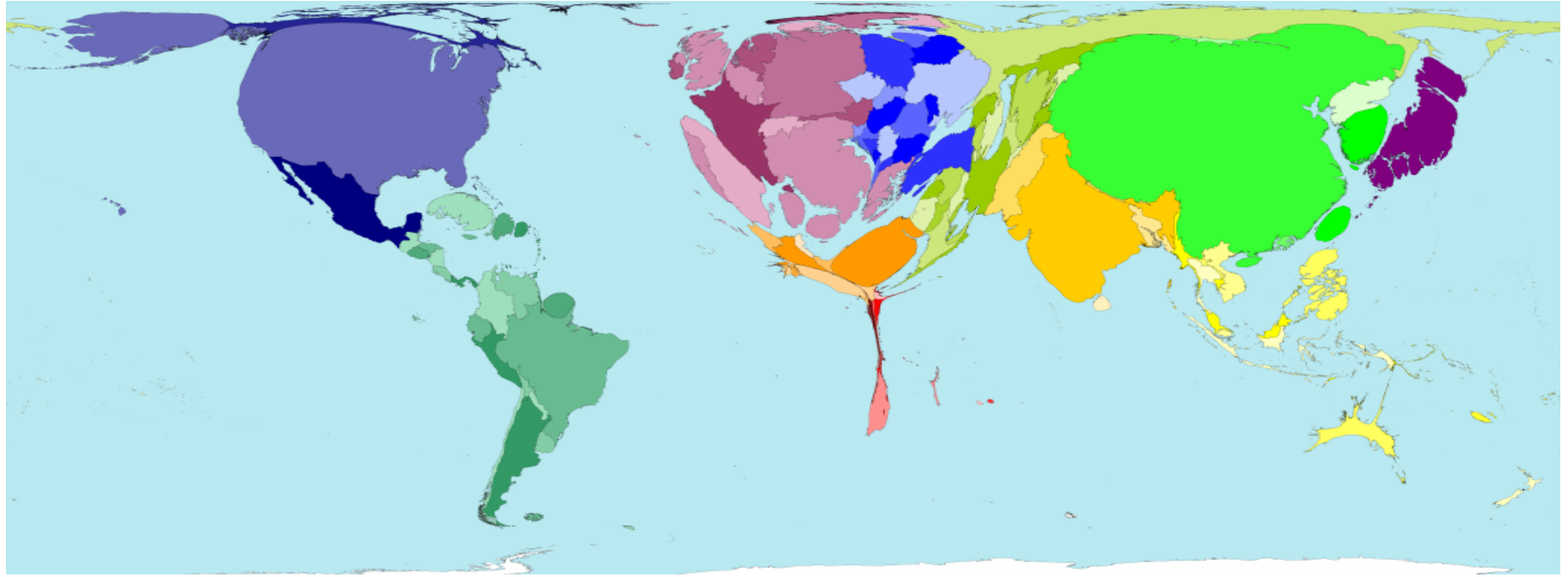


Framework for Global Health Education in Postgraduate Family Medicine Training Available online at: <http://globalhealth.ennovativesolution.com> webscite©The Ontario Global Health Family Medicine Curriculum Working Group, (2010) [17]; Redwood-Campbell et al. *BMC Medical Education* 2011 11:46 doi:10.1186/1472-6920-11-46





www.worldmapper.org; infant deaths



www.worldmapper.org; number of physicians

The Big Picture

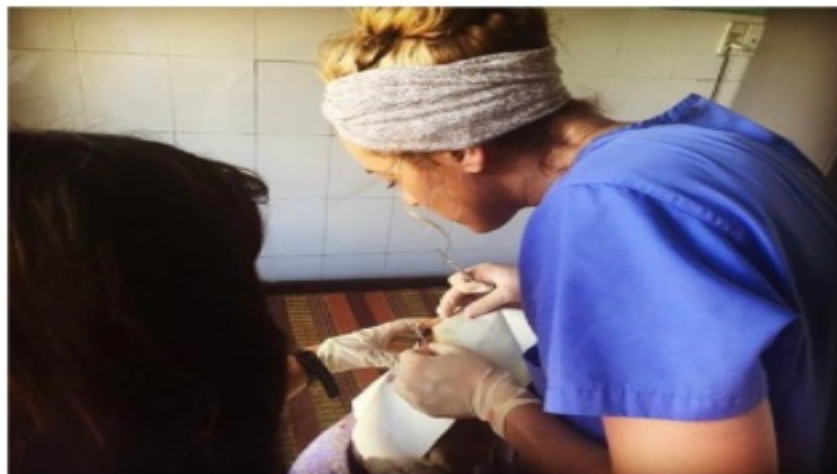
The Americas	Sub-Saharan Africa
14% of the world's population	11% of the world's population
10% of the global burden of disease	25% of the global burden of disease
42% of the world's health workers	3% of the world's health workers
>50% of global health expenditure	<1% of global health expenditure

Today, 11:29 AM



at  21 mins · Instagram · 

Suturing up a head laceration on one of the Vietnamese locals.
#volunteersurgeon #idkwhatimdoing



 Like  Comment  Share

one of my friends from high school....

"#idkwhatimdoing"



All-indigo rainbow



VIDEO · POLITICS · SPORTS · SCIENCE/TECH · LOCAL · ENTERTAINMENT

New 'Doctors Without Licenses' Program Provides Incompetent Medical Care To Refugees

NEWS IN BRIEF · Doctors · Healthcare · News · ISSUE 50-08 · Feb 25, 2014

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HOPING TO HELP

THE PROMISES
AND PITFALLS
OF GLOBAL HEALTH
VOLUNTEERING



Judith N. Lasker
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Guidelines and Standards for Health-Related Programs



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Ethics and Best Practice Guidelines for Training Experiences in Global Health

John A. Crump*, Jeremy Sugarman* and the Working Group on Ethics Guidelines for Global Health Training (WEIGHT)†

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Policy / Current Policies / WMA Statement on Ethical Considerations in Global Medical Electives

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WMA STATEMENT ON ETHICAL CONSIDERATIONS IN GLOBAL MEDICAL ELECTIVES

Adopted by the 67th General Assembly of the World Medical Association, Taipei, Taiwan, October 2016

30th September 2006

PREAMBLE

- Medical trainees are increasingly participating in global educational and service experiences, commonly referred to as 'international medical electives' (IMEs). These experiences are normally short term, i.e., less than 12 months, and are often undertaken in resource-limited settings in low-and middle-income countries.

Policy Types

Statement

Tags

Declaration of Geneva, Hospital,

■ Do you GASP? How pre-health students delivering babies in Africa is quickly becoming consequentially unacceptable

Jessica Evert MD, Tricia Todd MPH, and Peggy Zitek PhD

Nobel-prize winner George Bernard Shaw pointed out an unfortunate paradox- “Self-sacrifice enables us to sacrifice other people without blushing.” Over the last decade advisors have noted an increase in pre-health students clamoring for international experiences especially in low and middle-income countries

of clinical care that results from this shortage is both naïve and potentially deleterious. There are many efforts at district, national, regional, and international levels to address Human Resources for Health (HRH) shortfalls throughout the world. There is no mention of undergraduate-level students from

“We recently did not offer a student admission who had great test scores, grades, extracurricular activities, and was someone we would have otherwise accepted because she couldn’t see the ethical issues with what she had done when she was on an international volunteer trip as a pre-med and she had done stuff that the admission committee had major concerns about.”

-Medical School Admissions Dean



Child Family Health International

Global Health Educational Engagement—A Tale of Two Models

Jasmine Rassiwala, Muthiah Vaduganathan, MD, MPH, Mania Kupershtok, Frank M. Castillo, MD, MA, and Jessica Evert, MD

Abstract

Global health learning experiences for medical students sit at the intersection of capacity building, ethics, and education. As interest in global health programs during medical school continues to rise, Northwestern University Alliance for International Development, a student-led and -run organization at Northwestern University Feinberg School of Medicine, has provided students with the opportunity to engage in two contrasting models of global health educational engagement.

Eleven students, accompanied by two Northwestern physicians, participated in a one-week trip to Matagalpa, Nicaragua,

in December 2010. This model allowed learning within a familiar Western framework, facilitated high-volume care, and focused on hands-on experiences. This approach aimed to provide basic medical services to the local population.

In July 2011, 10 other Feinberg students participated in a four-week program in Puerto Escondido, Mexico, which was coordinated by Child Family Health International, a nonprofit organization that partners with native health care providers. A longer duration, homestays, and daily language classes hallmarked this experience. An intermediary, third-party organization served to bridge

the cultural and ethical gap between visiting medical students and the local population. This program focused on providing a holistic cultural experience for rotating students.

Establishing comprehensive global health curricula requires finding a balance between providing medical students with a fulfilling educational experience and honoring the integrity of populations that are medically underserved. This article provides a rich comparison between two global health educational models and aims to inform future efforts to standardize global health education curricula.













Inappropriate vs Appropriate activities for students when abroad

Inappropriate (for undergraduates)

Doing Histories and Physicals

Delivering a baby

Suturing a wound

Pulling a tooth

Dispensing/prescribing medication

Doing a pap smear

Reading slides for diagnosis of malaria

30 students with 2 local doctors

Inappropriate (for professional students)

Conducting H&P in language they haven't mastered or with inadequate interpretation

Not having redundancy in all key pieces of students activities

Doing invasive procedures with less supervision than at home school or in order to increase their experience

(Possibly) Appropriate

Listening to a heart murmur after a local doctor has diagnosed it and patient has given permission

Presenting a case study to fellow students of a patient seen during rounds with local healthcare workers

Conducting a chart review to help a clinic understand incidence of high blood pressure

1-2 students per local healthcare worker



Power imbalances in healthcare and hurdles for patients to advocate for themselves/choose caregivers and “ask questions”



Easily “ignored” healthcare ‘system’ that looks very different than where students’ challenges.

frame of reference

+



Rise of chronic disease and health treatments that require longitudinal care and continuity.

+



High risk environment for medical errors & patient harm

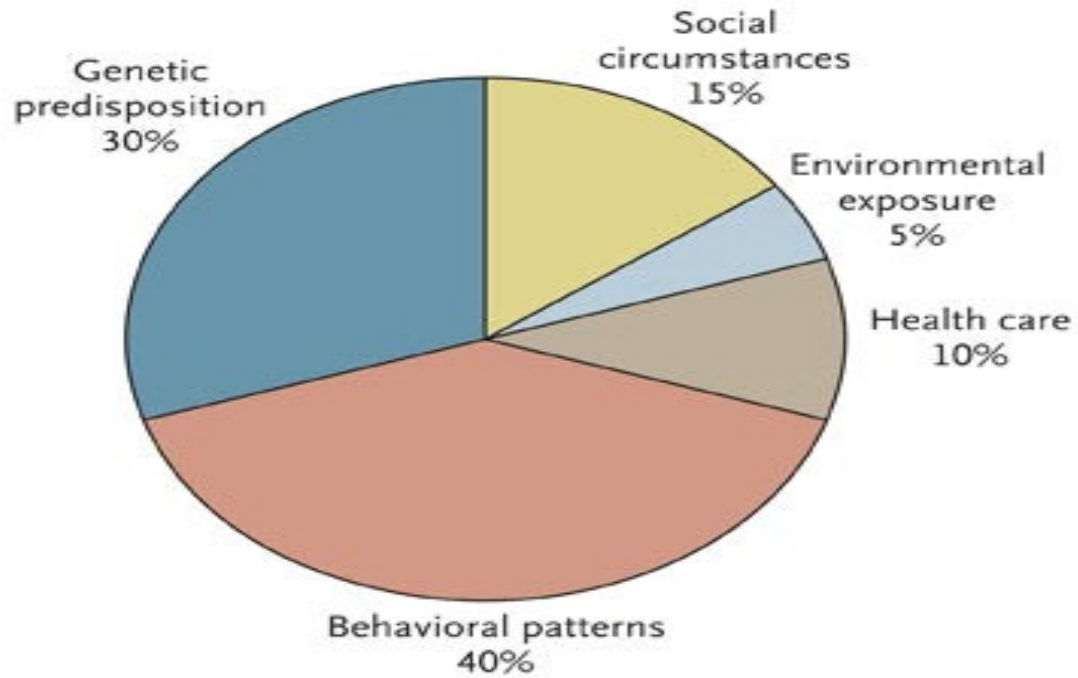


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Highly motivated, driven students wanting to ‘help’ immediately and see themselves

as the solution for complex global health

Proportional Contribution to Premature Death



ORIGINAL RESEARCH

Identifying Interprofessional Global Health Competencies for 21st-Century Health Professionals

Kristen Jogerst, BS, Brian Callender, MD, Virginia Adams, RN, PhD, Jessica Evert, MD, Elise Fields, PharmD, Thomas Hall, MD, DrPH, Jody Olsen, PhD, MSW, Virginia Rowthorn, JD, Sharon Rudy, PhD, Jiabin Shen, M.Ed, Lisa Simon, DMD, Herica Torres, MSN, Anvar Velji, MD, Lynda L. Wilson, MSN, PhD

Hanover, NH; Chicago, IL; Washington, DC; San Francisco, Martinez, and Elk Grove, CA; Baltimore, MD; Birmingham, AL; Cambridge, MA; Albuquerque, NM

Abstract

BACKGROUND At the 2008 inaugural meeting of the Consortium of Universities for Global Health (CUGH), participants discussed the rapid expansion of global health programs and the lack of standardized competencies and curricula to guide these programs. In 2013, CUGH appointed a Global Health Competency Subcommittee and charged this subcommittee with identifying broad global health core competencies applicable across disciplines.

Domains of Global Health Competency

- Global Burden of Disease
- Globalization of health and health care
- Social and Environmental Determinants of Health
- Capacity Strengthening
- Collaboration, Partnering, and Communication
- Ethics
- Professional Practice
- Health Equity and Social Justice
- Program Management
- Sociocultural and Political Awareness
- Strategic Analysis

Level I: Global Citizen Level

Competency sets required of all post-secondary students pursuing any field with bearing on global health.

Level II: Exploratory Level

Competency sets required of students who are at an exploratory stage considering future professional pursuits in global health or preparing for a global health field experience working with individuals from diverse cultures and/or socioeconomic groups.

Level III: Basic Operational Level

Competency sets required of students aiming to spend a moderate amount of time, but not necessarily an entire career, working in the field of global health.

Two sub-categories exist in Level III:

Practitioner-Oriented Operational Level: Competency sets required of students: 1) practicing discipline-specific skills associated with the direct application of clinical and clinically-related skills acquired in professional training in one of the traditional health disciplines; and 2) applying discipline-specific skills to global health-relevant work from fields that are outside of the traditional health disciplines (e.g., law, economics, environmental sciences, engineering, anthropology, and others).

Program-Oriented Operational Level: Competency sets required of students within the Basic Operational Level in the realm of global health program development, planning, coordination, implementation, training, evaluation, or policy.

Level IV: Advanced Level

Competency sets required of students whose engagement with global health will be significant and sustained. These competencies can be framed to be more discipline-specific or tailored to the job or capacity in which one is working. This level encompasses a range of study programs, from a masters level degree program, up to a doctoral degree with a global health-relevant concentration. Students enrolling in these programs are usually committed to a career in global health-related activities.

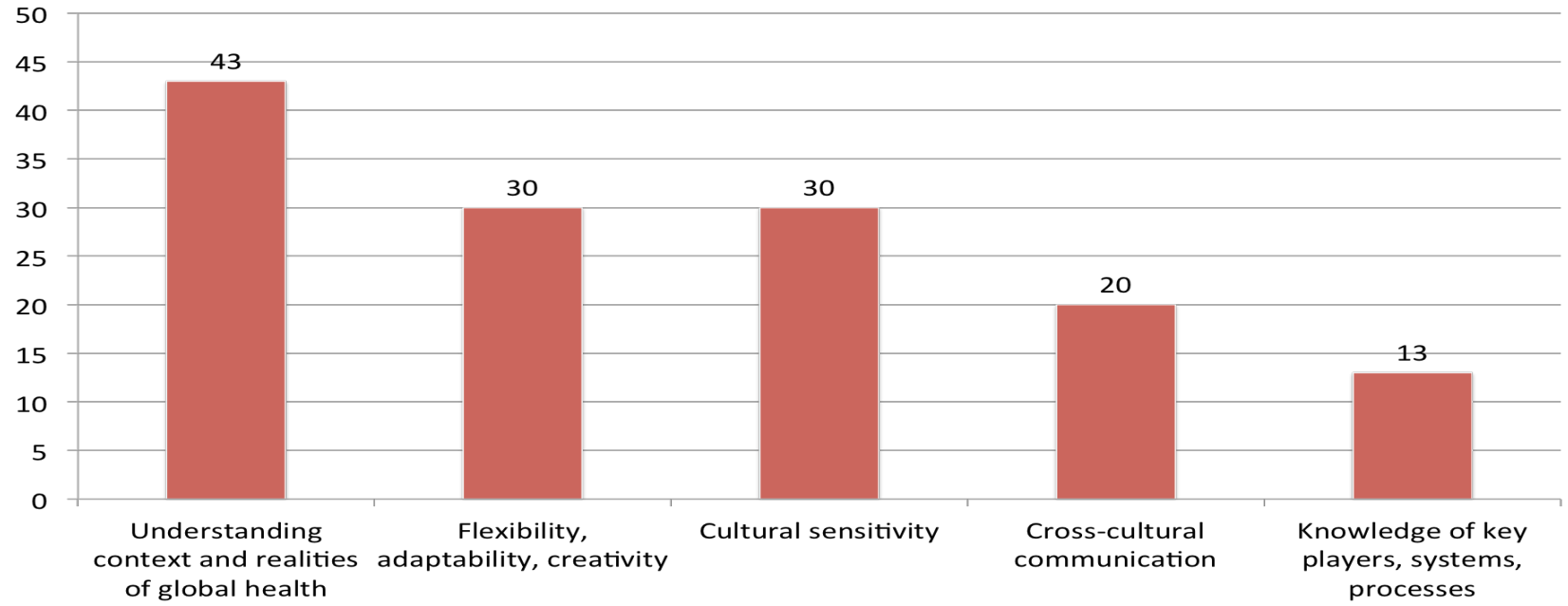
Figure 2. Four Proposed Levels of Global Health Competency.

Table 1. List of Competencies Categorized into 8 Domains for Global Citizen and 11 Domains Basic Operational Program-Oriented Levels

Domains and Competencies	Knowledge (K), Attitude (A), Skill (S)	Global Citizen Level	Basic Operational Program-Oriented Level
<p>DOMAIN: 1. Global Burden of Disease.</p> <p>Encompasses basic understandings of major causes of morbidity and mortality and their variations between high-, middle- and low-income regions, and with major public health efforts to reduce health disparities globally.^{16,20}</p>			
1a. Describe the major causes of morbidity and mortality around the world, and how the risk for disease varies with regions. ^{16,20}	K	X	X
1b. Describe major public health efforts to reduce disparities in global health (such as Millennium Development Goals and Global Fund to Fight AIDS, TB, and Malaria). ^{16,20}	K	X	X
1c. Validate the health status of populations using available data (e.g., public health surveillance data, vital statistics, registries, surveys, electronic health records, and health plan claims data). ²⁴	K, S		X
<p>DOMAIN: 2. Globalization of Health and Health Care.</p> <p>Focuses on understanding how globalization affects health, health systems, and the delivery of health care.^{16,20}</p>			
2a. Describe different national models or health systems for provision of health care and their respective effects on health and health care expenditure. ^{16,20}	K		X
2b. Describe how global trends in health care practice, commerce and culture, multinational agreements, and multinational organizations contribute to the quality and availability of health and health care locally and internationally. ^{16,20}	K		X
2c. Describe how travel and trade contribute to the spread of communicable and chronic diseases. ^{16,20}	K	X	X

Perceived Weaknesses: Opportunities for International Education

Perceived Weaknesses of Domestic Health Professionals Moving to Global Health



ORIGINAL RESEARCH

Visiting Trainees in Global Settings: Host and Partner Perspectives on Desirable Competencies

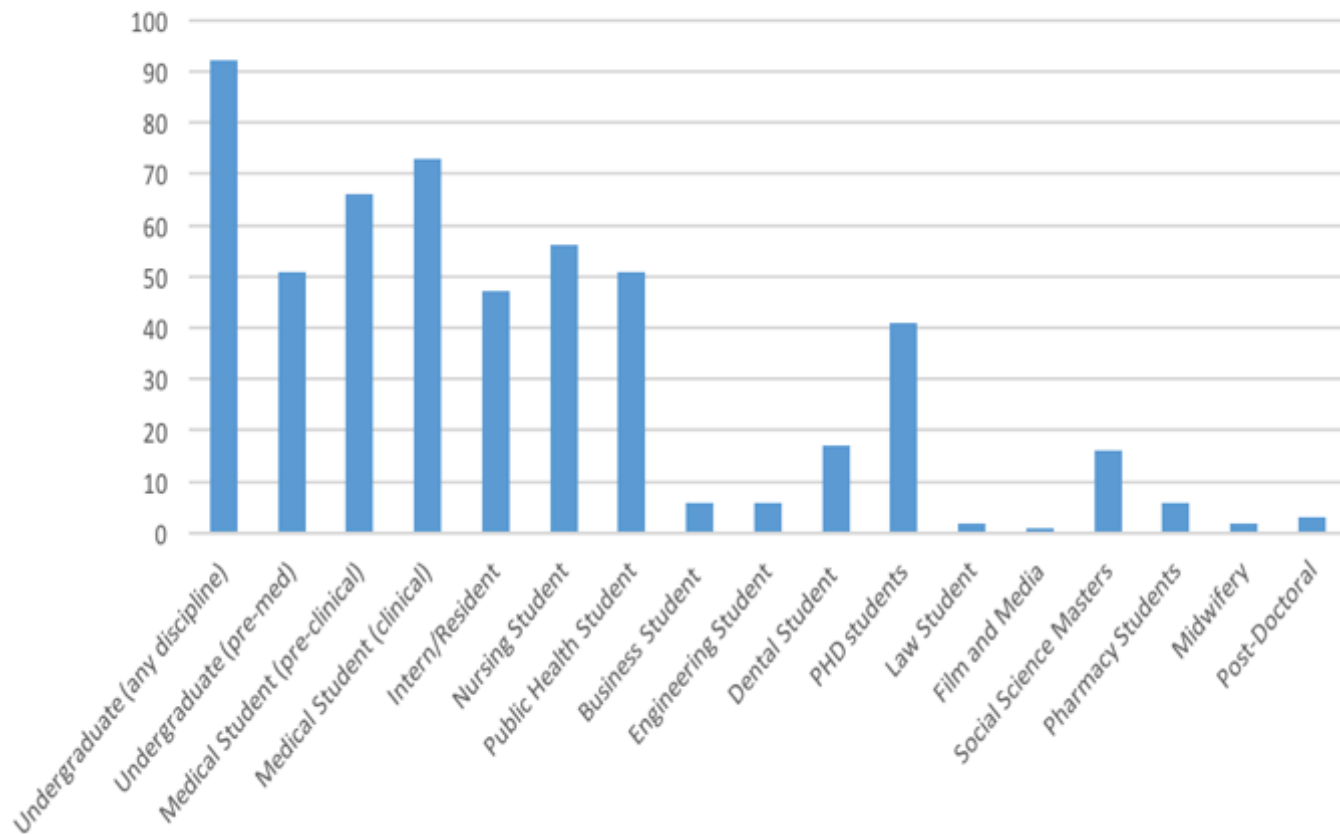


CrossMark

William Cherniak, MD, MPH, Emily Latham, MPH, Barbara Astle, RN, PhD,
Geoffrey Anguyo, MB, ChB, Tessa Beaunoir, RN, Joel Buenaventura, MD, MPH,
Matthew DeCamp, MD, Karla Diaz, PhD, Quentin Eichbaum, MD, MPH, MFA, PhD,
Marius Hedimbi, PhD, Cat Myser, PhD, Charles Nwobu, MB, ChB,
Katherine Standish, MD, Jessica Evert, MD

Toronto, Canada; Madison, WI; British Columbia, Canada; Mbarara, Uganda; Durban, South Africa; Quezon, Philippines; Baltimore, MD; Quito, Ecuador; Nashville, TN; Windhoek, Namibia; North Chicago, IL; Accra, Ghana; New Haven, CT; and San Francisco, CA

Types of Students by Discipline and Training Level



demographics

Near equal divide across economic regions (High Income, Middle Income, Low Income), with higher amount from upper middle (China and Latin America)

Nearly 15% from rural population

40% of respondents from non-clinical backgrounds, public health workers, NGO staff and researchers

22% of all programs contained a community outreach initiative

Students Recognizing their own limitations

Need to work well within a team setting and maintain respect

Grasping the huge role of culture in health and healthcare

Clinical learning much less important than culture and professionalism

Not important for students to be working independently (0% said students come as practitioners ready to work with little/no supervision)

Qualitative Data: Biggest Mistakes

“They must abstain from over expectation and over criticism; must have a compassionate approach as the host and the team puts lots of effort in establishing the program”

“Not respect the environment and culture. Do not want to come out of their comfort zone. Do not follow the discipline and dress code etc. (however, this is not common to all)”

“They tend to over expect from the program sometimes, as they want hands on experience which cannot be provided very extensively keeping local government, administrative protocol in place.”

“attempting to do too much and not able to achieve goals”

Qualitative data: What should students remember when they go home

“our culture and our dedication to make their time memorable”

“the knowledge they gained here and the Indian hospitality. During the program, some of them discover their potential, they should always believe in that potential”

“to be good doctor, you need to be good listener. Must listen to your patient very well”

“That they can change a life of a person who is different if they are aware and respectful of that difference “

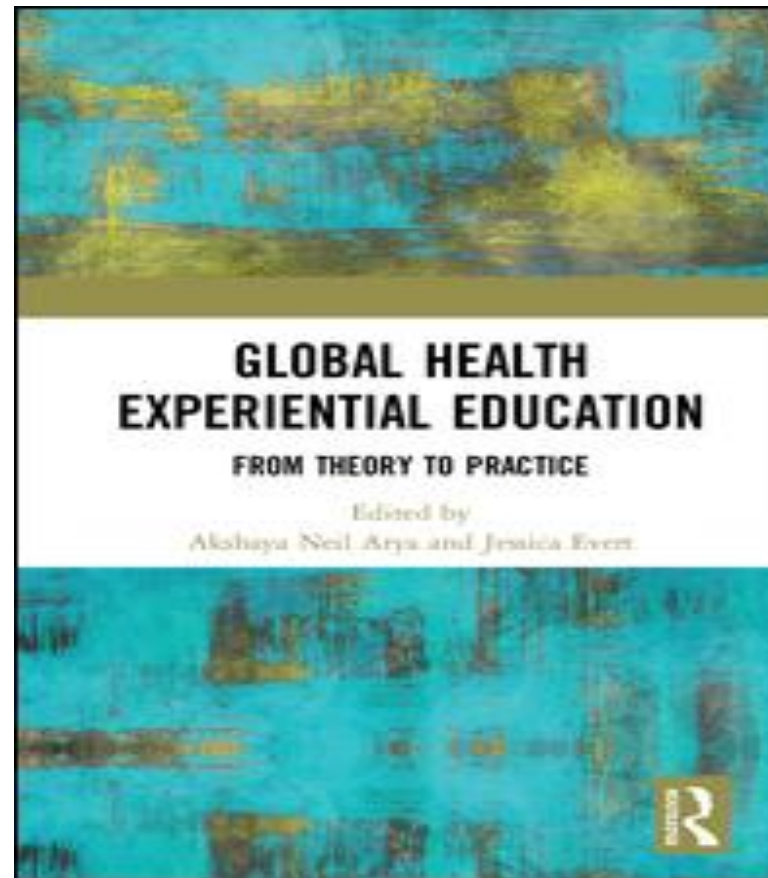
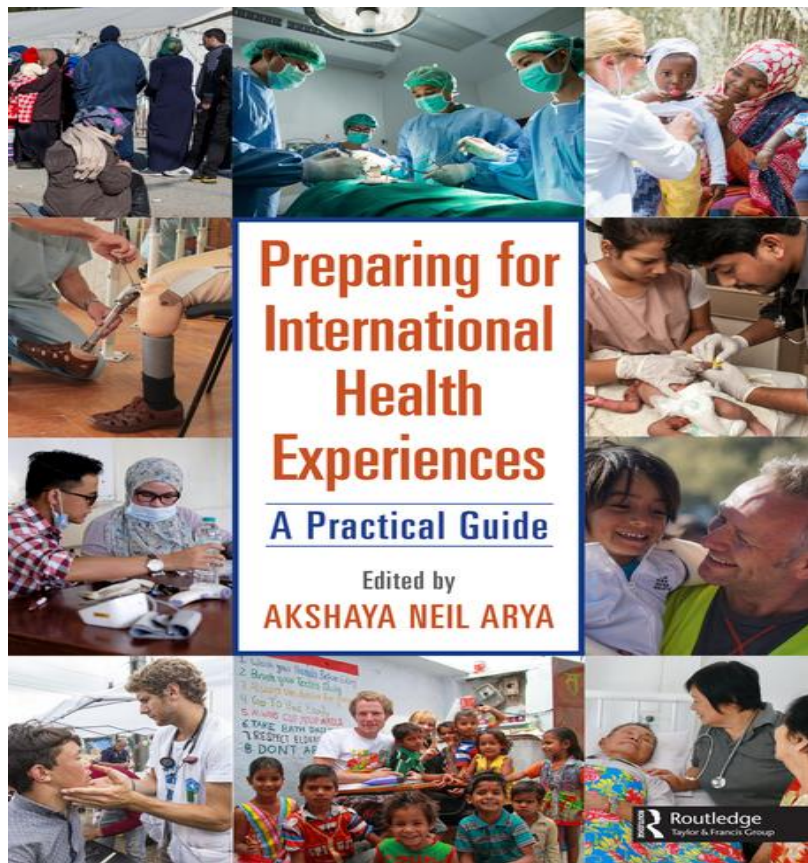
Impacts of Students on Host/Partner Communities

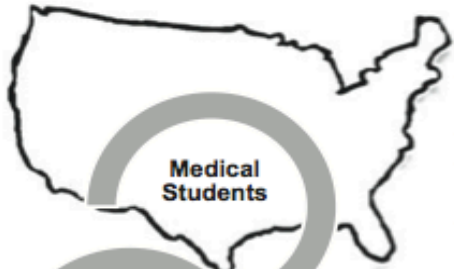
1. Improved English Proficiency
2. Increased Prestige of host institutions
3. Fulfilling local practitioners sense of global citizenship

Kung T, Richardson E, Mabud T, et al. 2016. Host community perspectives on trainee participating in short-term experiences in global health. *Medical Education* 50:1122-1130.

“As a global citizen of the world, if I am able to educate a student from any other nation, and he feels a little softer about places that are not as economically well off, then from that perspective of course it is beneficial, because we are benefiting some students living in affluent nations to have a balanced view of life.”

-CFHI Medical Director, India





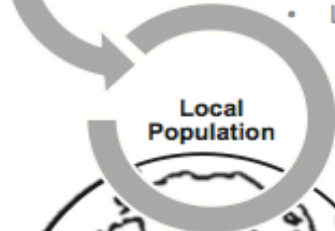
Medical Students

- Service and altruistic mindset
- Outside of academic and institutional regulations
- Educational mandate
- Minimal prior international experience
- Early in training; incomplete competency/licensure



Intermediary Organization

- Challenging ethical issues
- Power imbalances
- Cultural differences
- Language barriers



Local Population

- Potentially marginalized or oppressed
- Relative poverty
- Suboptimal health access and resources
- Geopolitical/historical disempowerment relative to a Western framework



Considerations for Sending and Receiving Organizations

- Requirements of Facilitating Organizations
- Questions to ask when vetting an experience
- Nice to Have Aspects (evaluation, assessment)

Guidelines and Standards for Health-Related Programs



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Policy / Current Policies / WMA Statement on Ethical Considerations in Global Medical Electives



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Policy Types

Statement

Tags

Declaration of Geneva, Hospital,

Sending and host institutions. Well-structured programs seem to be the optimal means of ensuring optimal training programs in global health. Developing and maintaining well-structured programs generally involves a sustained series of communications and seems to have a common set of attributes as listed below, and may include clear delineation of roles and responsibilities of all parties, budgets, duration of attachments, participation in and distribution of written reports, and other products. We recommend that sending and host institutions should do the following:

1. Develop well-structured programs so that host and sender as well as other stakeholders derive mutual, equitable benefit including:
 - a. Discuss expectations and responsibilities of both host and sending institutions and agree on terms before program implementation; the terms may be outlined within a memorandum of understanding. Revisit the expectations and responsibilities on a periodic basis;

program.

2. Clarify goals, expectations, and responsibilities through explicit agreements and periodic review by
 - a. Senders and hosts;
 - b. Trainees and mentors; and
 - c. Sponsors and recipients.
3. Develop, implement, regularly update, and improve formal training for trainees and mentors, both local and foreign regarding material that includes:
 - a. Norms of professionalism (local and sending);
 - b. Standards of practice (local and sending);
 - c. Cultural competence, e.g., behavior (local and sending) and dealing effectively with cultural differences;
 - d. Dealing appropriately with conflicts (i.e., professionalism, culture, scientific and clinical differences of approach);
 - e. Language capability;
 - f. Personal safety; and
 - g. Implications of differential access to resources for foreign and local trainees.

regarding the opti-

ons (e.g., costs of revision and men- care, administra- tely reimbursed; tips so that short-) them; and motivations for (e.g., to meet an relationship that to meet student any conflicts of s (e.g., to local s compared with sult from such a

- Clear MOU between sending & receiving orgs that lays out responsibilities/ expectations.
- Recognize true cost to all institutions and ensure appropriately reimbursed.
- Aspire to longterm partnership with shorter term nested within them.
- Transparency regarding motivations and conflicts of interest
- Agreements with students, all orgs involved and reviewed periodically stating goals, responsibilities, accountability.
- Ongoing education and training for all partners, students, orgs involved.
- Non threatening communication to resolve issues.
- Selection process for trainees
- Ensure safety of students
- Monitor costs/benefits to local setting
- Feedback enabled from all involved

Keys to safety of students: Notes from CFHI

- Pre-departure training with Global Health topical area, safety, culture, societal norms, emergency procedures
- Safety/Security Protocols Established, time tested, ongoing education of staff, receiving partners
- Local cell phones pre-programmed with emergency numbers
- Medical/Evacuation/General Liability Insurance
- Consistent local partners with explicit MOUs that include emergency procedures
- Policies and procedures including need stick, sexual violence, injuries, accidents, fire detection/prevention, etc.
- Pre-Departure health history clearance and Health Action Plans for students with conditions that have high risk of decompensation or medical conditions requiring medications with cold chain, difficulty to get, etc.
- 24/7 incident response in US office and in local partner settings
- Growing number of states with laws governing requirements to report emergencies/incident; existing laws and statutes including Clery Act and Title IX.

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Questions to ask when evaluating international opportunities

What is the expected role of the student during the experience?

Who is organizing the opportunity?

How long have they been involved in the community/location?

Is the local community being compensated or otherwise remunerated for time and efforts supporting the opportunity?

Is there a religious, governmental, or other affiliation of/relationship facilitating activities?

What type of safety procedures, insurance, and incident response is in place?

What type of preparation, in-country support, and post-experience debriefing is provided?

If students are paying a fee- is the use of the fees transparent, is their appropriate fiduciary practices by the organization?

Does the organization/effort have an ethical code of conduct or other foundation? Does the student agree with it?

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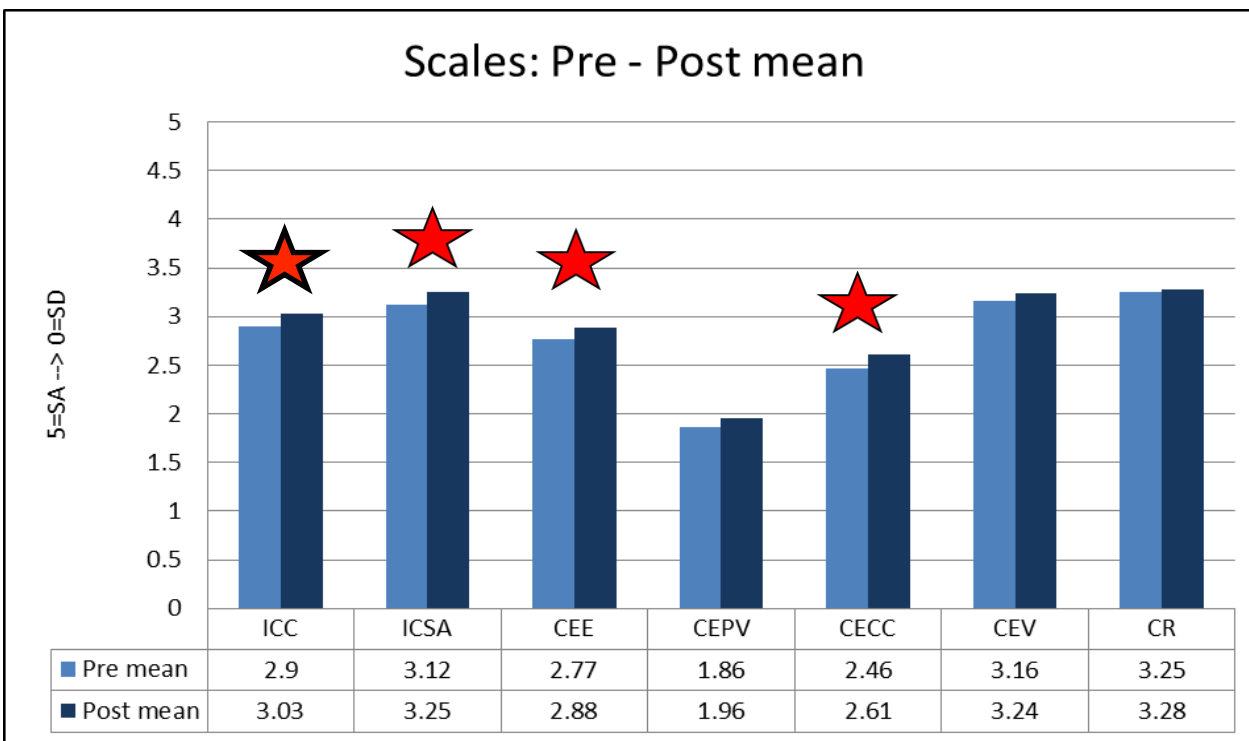
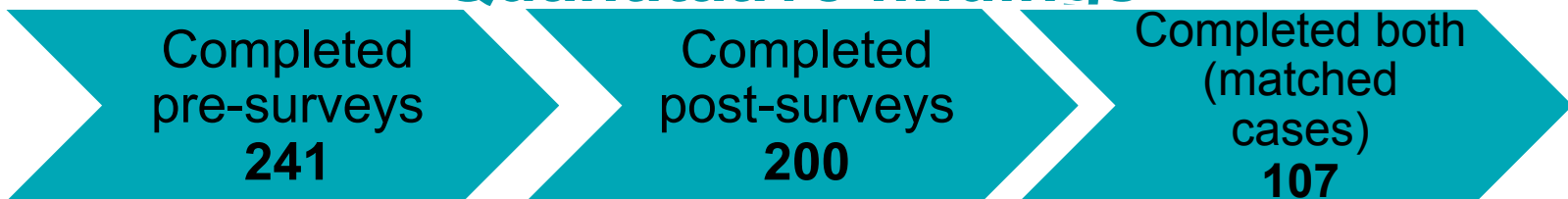
Assessment & Evaluation



- Assessment of Student Development & Learning
- Assessment of Partnership
- Evaluation of impact on local setting and/or development efforts
- Evaluation by students of facilitating organizations and local setting
- Evaluation of student by facilitating organizations and local setting

GES 2016 - Results

Quantitative findings



- ICC**
Intercultural competence - Communication
- ICSA**
Intercultural competence – Self-awareness
- CEE**
Civic Engagement - Efficacy
- CECC**
Civic Engagement – Conscious Consumption



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