

Case-Based Experiential Learning



Jessica Evert MD

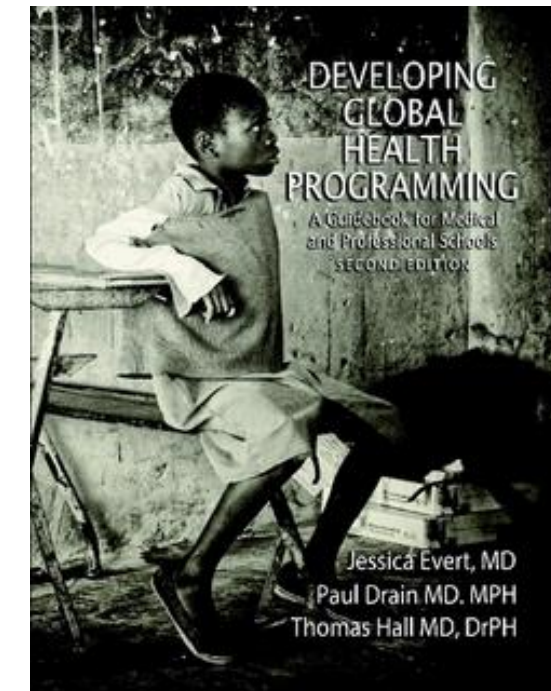
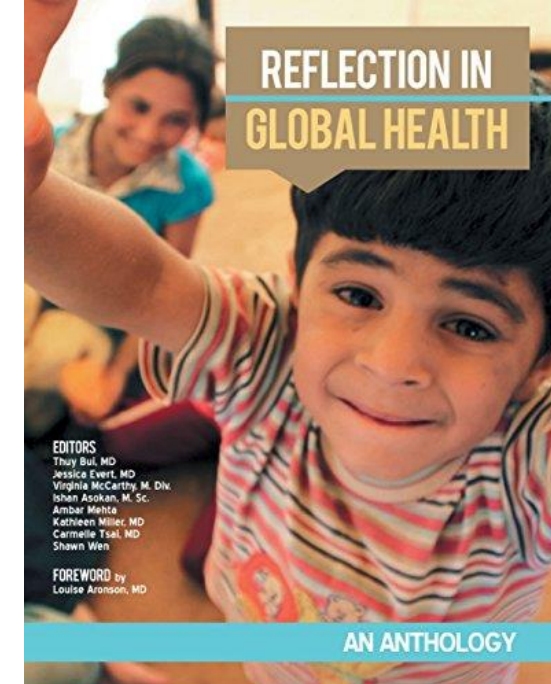
Executive Director, CFHI

Associate Clinical Professor, UCSF Department of Family & Community Medicine



- Global Health Education Programs
- Research
- Advocacy

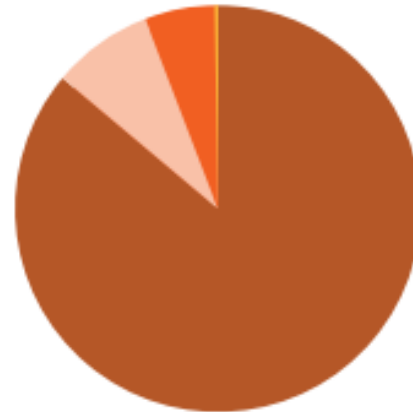
- Membership organization for universities and individuals
- Gathering place for global health education, research, service



2015 FINANCES

Support & Revenue

■ Program Fees	\$1,690,975
■ In-Kind Support	\$128,157
■ Grants & Donations	\$182,994
■ Other	\$6,320
Total Revenue	\$2,008,446

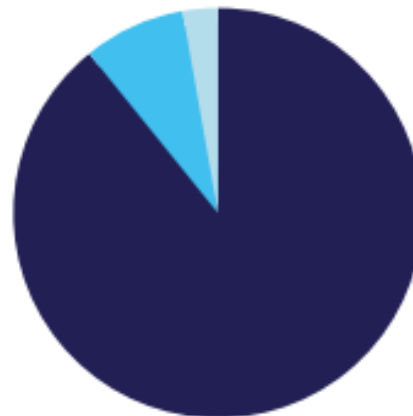


■ Program Fees
■ In-Kind Support
■ Grants & Donations
■ Other



Expenses

■ Program Services	\$1,900,261
■ General & Administrative	\$123,894
■ Fundraising	\$35,926
Total	\$2,060,081



■ Program Services
■ General & Administrative
■ Fundraising

Child Family Health International



Net Assets: \$79,207

Direct Economic Infusion into Host Communities: \$1,145,317

<https://www.cfhi.org/cfhi-annual-report-2015>

“The quest to improve global health represents a challenge of monumental proportions: the problems seem so enormous, the obstacles so great, and success so elusive. On the other hand it is difficult to imagine a pursuit more closely aligned with the professional values and visceral instincts of most physicians. Many young doctors enter medicine with a passionate interest in global health; our challenge is to nurture this commitment and encourage its expression.”

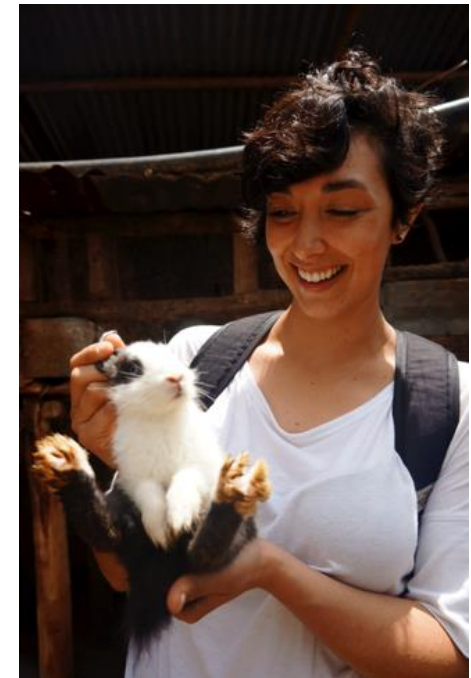
D Shaywitz and D Ausiello. "Global Health: A Chance for Western Physicians to Give and Receive." *The American Journal of Medicine*. 2002;113(4)354-7.

Experiential learning pedagogy and utilizing critical reflection

- Introduction to Service-Learning as an experiential learning pedagogy
- Results from a study abroad program
- Long-term impacts of study abroad on career trajectories
- Tailoring student learning based on results

Cases in Experiential Learning

- Experiential Learning Pedagogy & Utilizing Critical Reflection
- Sticky Ethical Situations Students Find Themselves In
- Student Emergencies & Risk Management



Experiential Learning Pedagogy & Utilizing Critical Reflection

Maria Modayil, M.S., CCC/SLP

Doctoral Student, Individual Interdisciplinary Program

Ohio University

Experiential learning pedagogy and utilizing critical reflection

- Introduction to Service-Learning as an experiential learning pedagogy
- Results from a study abroad program
- Long-term impacts of study abroad on career trajectories
- Tailoring student learning based on results

Service-Learning

- “a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities.” (National Service Learning Clearinghouse)
- “a form of experiential education where learning occurs through a cycle of action and reflection as students. . . seek to achieve real objectives for the community and deeper understanding and skills for themselves. In the process, students link personal and social development with academic and cognitive development. . . experience enhances understanding; understanding leads to more effective action.” (Eyler & Giles, 1999)

Student Benefits of Community Engagement

Learning Outcomes

Vanderbilt University, Center for Teaching

- Positive impact on students' academic learning
- Improves students' ability to apply what they have learned in "the real world"
- Positive impact on academic outcomes such as demonstrated complexity of understanding, problem analysis, problem-solving, critical thinking, and cognitive development
- Improved ability to understand complexity and ambiguity

Personal Outcomes

- Greater sense of personal efficacy, personal identity, spiritual growth, and moral development
- Greater interpersonal development, particularly the ability to work well with others, and build leadership and communication skills

Social Outcomes

- Reduced stereotypes and greater inter-cultural understanding
- Improved social responsibility and citizenship skills
- Greater involvement in community service after graduation

Career Development

- Connections with professionals and community members for learning and career opportunities
- Greater academic learning, leadership skills, and personal efficacy can lead to greater opportunity

Relationship with the Institution

- Stronger relationships with faculty
- Greater satisfaction with college
- Improved graduation rates

Faculty Benefits of Community Engagement

- Satisfaction with the quality of student learning
- New avenues for research and publication via new relationships between faculty and community
- Providing networking opportunities with engaged faculty in other disciplines or institutions
- A stronger commitment to one's research

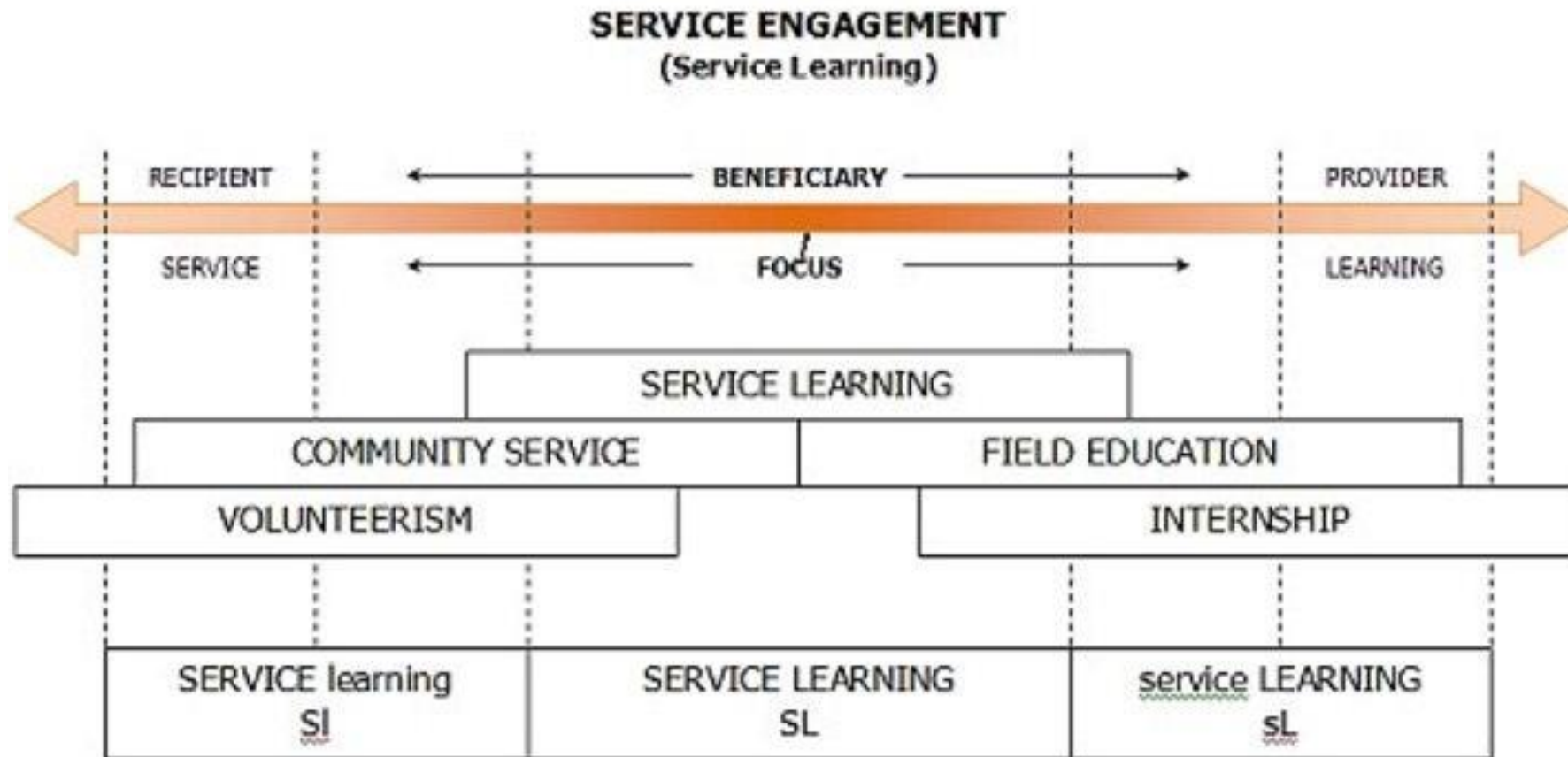
College and University Benefits of Community Engagement

- Improved institutional commitment to the curriculum
- Improved student retention
- Enhanced community relations

Community Benefits of Community Engagement

- Satisfaction with student participation
- Valuable human resources needed to achieve community goals
- New energy, enthusiasm and perspectives applied to community work
- Enhanced community-university relations

Furco, A., 1996; Sigmon, R. 1994



Example from Summer 2016

Student Learning Outcomes: (Botswana Healthcare Program, Ice & Harper, 2016)

Upon completion of this course the learner will be able to:

1. To explore the different healthcare settings and systems between the US and Botswana.
2. To understand the impact of limited resources on the delivery of healthcare
3. To build cultural competence knowledge and skills
4. To explore the impact of culture, environment, family and community context on health and healthcare delivery
5. To increase knowledge of HIV/AIDS

organized cultural sterile similar
surgery safe opening confidence environment
tears nervous operating take experience hiv death opportunities
stressful care babies life unorganized people
different clean new exciting
informative adherence fun eye nurses leave
illness chat:weston
catheter home hand calm day like answered stay better
nervous stressful care fun eye nurses leave
illness chat:weston
catheter home hand calm day like answered stay better
clean new learning
friendly children great patient questions
familiar blood medical
happy interesting helpful emotional
smiles sad inspiring
microbiology
complications back each
knowledge many
passive
memorable intense assessment exam frustration passion
last long much
joy drug bed Africa amazed cleft confusing
man
nail
cate
nail
microbiology
complications back each
knowledge many
passive
memorable intense assessment exam frustration passion
last long much
joy drug bed Africa amazed cleft confusing
man
nail
cate
nail

Themes from written reflection

1. Transformative Experience

- a. Self-discovery/realization
- b. Adaptability
- c. Flexibility
- d. Tolerance
- e. Confidence
- f. Privilege

2. Action/Commitment

- a. Advocating study abroad programs
- b. Starting a global health club
- c. Certificate
- d. Increased travel
- e. Increased advocacy for underserved

3. Professional Development

- a. Medical thinking
- b. IPE/Themes
- c. Language
- d. Leadership/confidence
- e. Patient care
- f. Cross cultural communication
- g. Paternalistic
- h. Decreased patient autonomy

4. IPE

- a. Communication
- b. Experiential learning
- c. Respect for IP teams

5. Cross Cultural Reflection

- a. Poverty
- b. Privilege
- c. Ethnocentrism
- d. Citizenship
- e. Immersion
- f. Religion



OHIO
UNIVERSITY

Global Abroad Experiences and its Impact on Career Trajectories of Osteopathic Medical Students: A Retroactive Longitudinal Study

Maria Modayil, M.S.; Gillian Ice, Ph.D., MPH; John Ongito, Ph.D.; Debra McBride, M.A.
Global Health Initiative, Ohio University

ABSTRACT

Medical schools in the United States intent to create and retain practicing physicians in primary care and in underserved regions of the country. The current study investigated the career trajectories of osteopathic medical students who participated in global health abroad experiences (GHE) between the years 1999 and 2015. An analysis of student participation in abroad experiences and employment revealed that students with GHE were more likely to practice in primary care versus students who did not participate in global experiences during their coursework. Students with GHE were also more likely to work in medically underserved areas (MUA) in contrast to those who did not have GHE. The findings from this study suggest that global experiences are important to the development of osteopathic medical doctors and can shape the course of their future career paths. These results further support existing literature that GHE support a mission of working with underserved populations. If GHE opportunities do attract students to primary care, these experiences can serve as a recruitment tool for primary care programs.

PURPOSE

The purpose of this study was to determine the relationship between GHE and the future practice of Ohio University osteopathic medical graduates.



DESIGN

- Retroactive longitudinal analysis of student participation in GHE and specialty, practice in underserved areas after graduation (between the years of 1999 and 2015) was conducted.
- Participation in GHE ranged from independent rotations, faculty-led experiences, and experiences through third-party providers.
- The practice location included information pertinent to designation of the healthcare practice in medically underserved areas (MUAs) or Health Professional Shortage Areas (HPSAs) as determined by Health Resources and Services Administration (HRSA), an arm of the U.S. Department of Health and Human Services. Certain areas are dual-listed as HPSA and MUA.

NUMBER OF STUDENTS, PROGRAMS, AND COUNTRIES DURING YEARS 1999-2015

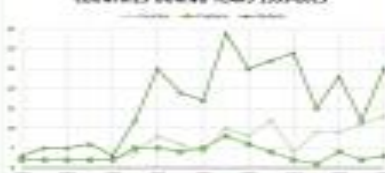


Figure 1: Number of unique medical students who enrolled in GHE and the unique countries and programs providing GHE between years 1999 to 2015

Participation in GHE	Non-Primary Care	Primary Care	Total
En	40 (40.2%)	59 (59.8%)	99
Yrs	75 (38.2%)	125 (61.8%)	200
Total	52 (44.2%)	88 (55.8%)	140

Table 1: Participation in global health experiences and practice specialty

Participation in GHE	HPSA	MUA	Designated areas	Total
En	22 (55.0%)	17 (45.0%)	39 (59.7%)	66
Yrs	30 (37.5%)	45 (56.3%)	75 (60.0%)	120
Total	32 (52.0%)	24 (38.0%)	56 (60.0%)	112

Table 2: Participation in global health experiences and employment in HPSA, MUA, and HPSA/MUA designated areas

RESULTS

- Of the graduates who practice in primary care, a majority of them had GHE (61.8%) compared to those who did not participate in GHE during their medical coursework (53.8%), $\chi^2 = 4.36$, $p < .05$.
- There was no statistical significance between students who participated in GHE (15.9%) and those who had no GHE (13.4%) and their future practice in HPSA designated areas.
- More students with GHE (49.2%) worked in medically underserved areas (MUA) in contrast to those who did not have GHE (37.8%), $\chi^2 = 8.55$, $p < .05$.
- There was statistically significant difference between practice in either a HPSA or MUA for GHE program participants (55%) compared to non-participants (41.3%), $\chi^2 = 11.99$, $p < .05$.

CONCLUSION

- This study provides a unique and objective comparison of students with GHE and their peers with no such experience during their medical education.
- Results provide some indication of the benefits and suggest long-term impact of GHE.
- Although causative relationship cannot be inferred from the results some association between GHE and practice location, specialty can be made.
- Findings suggest that GHE provide important educational experiences to the development of osteopathic doctors and influence the course of their future career paths.
- Assumption 1:* Students who participated in GHE were predisposed to an interest in global health settings and international medical work. If this is the case, it is enlightening that GHE positively impacted them to further pursue this goal after their experience abroad.
- Assumption 2:* For medical students with an intent to work among the underserved or in rural communities, GHE could have additionally heightened this interest and their career choices upon graduation.
- Results of this study also support existing literature suggesting GHE support a mission of working in primary care and with underserved populations.

REFERENCES

- Drain, P. E. M., Holmes, E. C., Scott, S. M., Hall, T. L. M., & Oakley, P. (2005). Global Health Training and International Clinical Education During Residency: Current Status, Trends, and Opportunities. *Academic Medicine*, 80(3), 320-325. <https://doi.org/10.1097/ACM.0b013e31805a0007>
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BACKGROUND

- GHE and career planning:** Global abroad experiences are immersive experiential learning opportunities that provide students with a flavor for what to expect after graduation while also broadening their prospects and providing them with clarity on their future goals, specializations, and location of practice (Drain et al., 2007; Drain, Holmes, Skeff, Hall, & Gardner, 2009). GHE thus foster the vision to work among underserved and culturally diverse or economically depressed populations.
- GHE and intent to practice in primary care:** Upon return, students who participated in GHE indicated an interest working in primary care compared to their peers with no international experiences. Additionally, they indicated interest in rural medicine and public health and an interest in establishing careers working with underserved (Godkin & Savageau, 2003). However, if these interests are pursued post-graduation has not been investigated.
- GHE and longitudinal studies:** Benefits of participation in International Health Fellowship Programs (IHFP), an application-based international health experience program for U.S. medical students was assessed (Hag et al., 2000; Ramsey, Hag, Gjerde, & Rothenberg, 2004). Results strengthened the assumption that international experiences had a positive influence in shaping careers of participants. Majority of participants reported primary care specialties, interest in pursuing a degree in public health, engagement in community health activities including volunteering and mentoring or leadership roles, work with underserved populations in rural areas, inner cities, or federally designated Health Professional Shortage Areas (HPSA). These findings provide further indication and strengthens our hypothesis for the current study.

NUMBER OF STUDENTS, PROGRAMS, AND COUNTRIES DURING YEARS 1999-2015

— Countries — Programs — Students

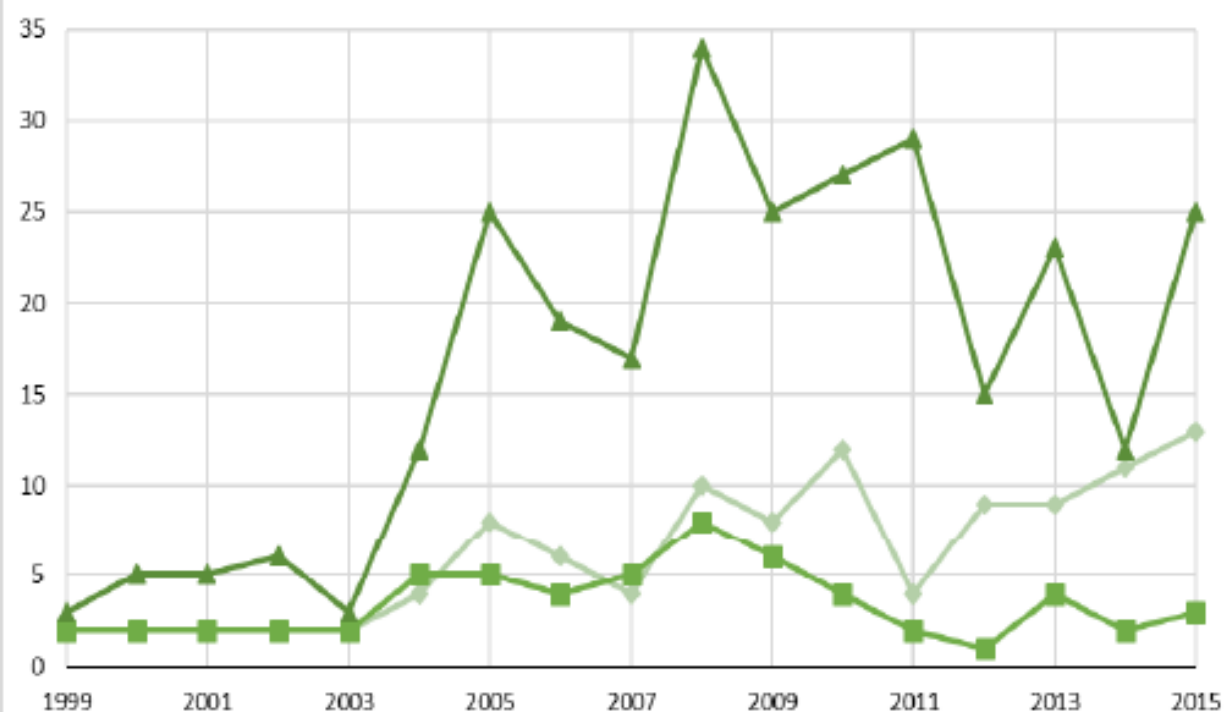


Figure 1: Number of unique medical students who enrolled in GHE and the unique countries and programs providing GHE between years 1999 to 2015

Participation in GHE	Non-Primary Care	Primary Care	Total
No	443 (46.2%)	515 (53.8%)	958
Yes	70 (38.2%)	126 (61.8%)	204
Total	521 (44.8%)	641 (55.2%)	1162

Table 1: Participation in global health experiences and practice specialty

Participation in GHE	HPSA	MUA	Either HPSA or MUA	Total
No	125 (13.4%)	353 (37.8%)	386 (41.3%)	934
Yes	30 (15.9%)	93 (49.2%)	104 (55%)	189
Total	155 (13.8%)	446 (13.8%)	490 (43.6%)	1123

Table 2: Participation in global health experiences and employment in HPSA, MUA, and HPSA/MUA designated areas

RESULTS

- Of the graduates who practice in primary care, a majority of them had GHE (61.8%) compared to those who did not participate in GHE during their medical coursework (53.8%), $\chi^2 = 4.36$, $p < .05$.
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Application of results

Expectations:

1. Pre-trip

We expect you to complete the readings and modules listed on this Blackboard site. This is important so that you are well-prepared for this experience. Several of the readings and topics covered here will also be used during the in-country reflection activities. So please be prepared so we have rich and meaningful discussions that everyone can be a part of.

2. During the program

We expect that you will participate in the program fully adhering to the "Program Rules" and the "Health and Safety Guidelines" listed below on this page (in the Course Overview). Additionally, you are required to participate in the reflection activities and informal discussion gatherings the program will facilitate for all students. Your attendance to these activities are crucial. When in-country, you will also receive a folder with materials we will use for these reflection activities.

3. Post-trip

After the study abroad experience, you will be asked to submit 5 journal entries that answer specific prompts that you will be provided with (while in Ecuador).

Modules on Blackboard,

1. CITI training and UN Development Goals

Objectives:

- a. Complete CITI training: Human Subjects Training- Group 1 for Biomedical and Group 2 for Social/Behavioral
- b. Discuss the United Nations Development Goals including the Millennium Development Goals (MDGs) and its recent update to the Sustainable Development Goals (SDGs).
- c. Familiarize yourself with the Infectious and Tropical Disease Institute website and explore the multimedia resources available.

2. Ecuador Health and Determinants of Health

Objectives:

- a. Discuss common health issues globally
- b. Discuss common health issues in Ecuador
- c. Explain determinants of health
- d. Identify cultural issues that influence healthcare delivery and health-seeking behaviors in Manabi Province
- e. Explain chronic diseases, vector-borne diseases and infectious diseases common in Manabi Province

3. Ethical Issues to Consider in Global Health Study Abroad Programs

Objectives:

- a. Examine your motivations for participating in an international experience
- b. Discuss common ethical dilemmas faced when working internationally

4. Introduction to Service-Learning

Objectives:

- a. Understand the concept of global service-learning
- b. Examine the unintended consequences of service-learning

July 2017

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 TALK Santiago? Photo voice?
2 Rest day	3 REFLECT community and health	4 TALK Tracy's husband Terri Hood-Brown	5 REFLECT social determinants of	6 TALK-Optic Tracy- primary care, OM Tania B. Claudia M.	7 REFLECT what is health?	8 Photo voice?
9 Rest day	10 TALK Megan W. Ben Bates Eric Williams	11 TALK Architects? Mario Emilio & Veronica?	12 REFLECT Final reflection Ethics? reciprocity?	13 Leave Mana	14	15 Option 2 leaves Photo voice?

At your table....

What ways can or do you utilize critical reflection in your global health curriculum? Do any of your colleagues have favorite critical reflection frameworks they use?

Rolfe's Framework

- What?
- So What?
- Now What?

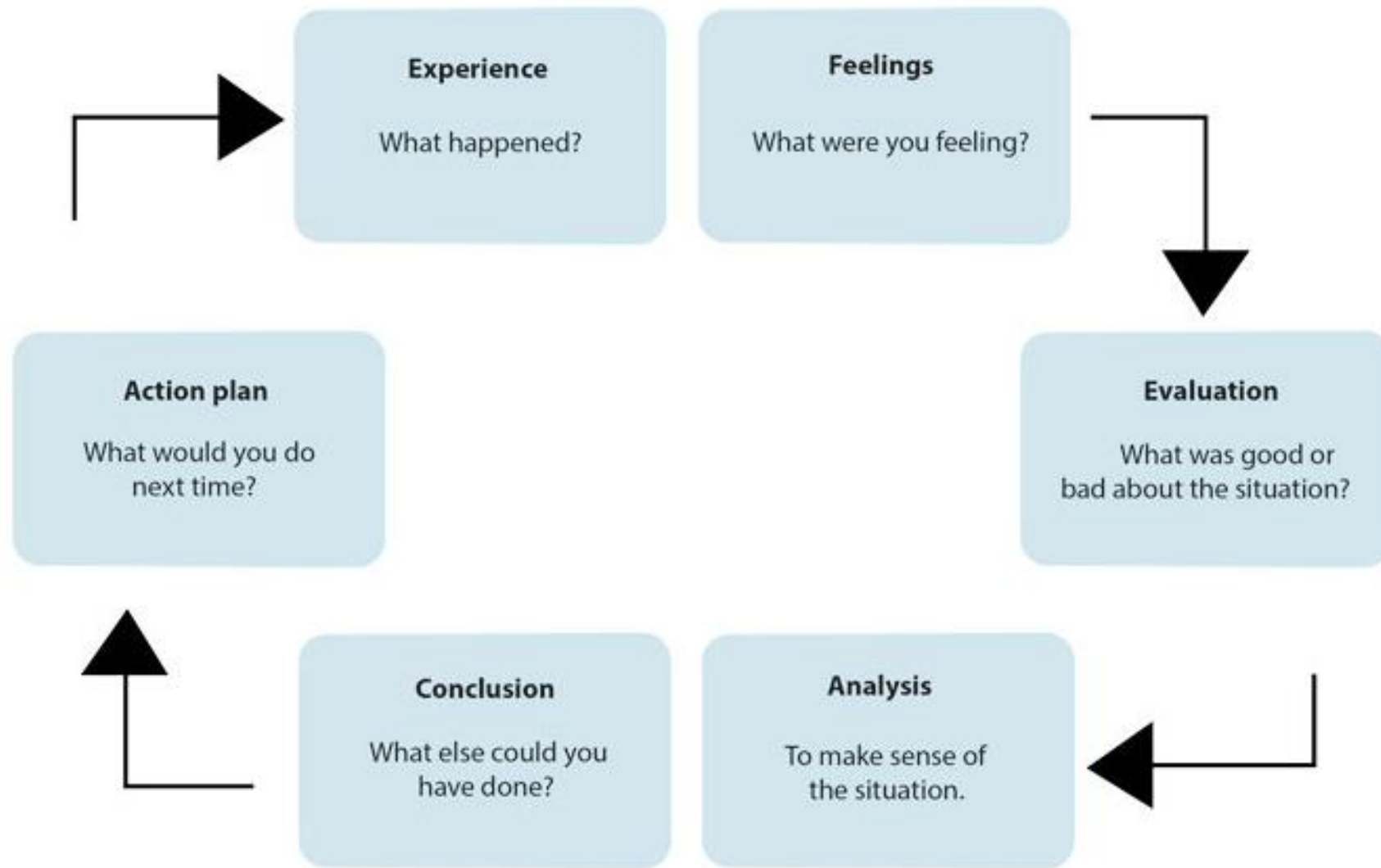


Figure 4 Gibbs' reflective cycle (Adapted from Dye, 2011)

TWELVE TIPS

Twelve tips for teaching reflection at all levels of medical education

LOUISE ARONSON

University of California, USA

Abstract

Background: Review of studies published in medical education journals over the last decade reveals a diversity of pedagogical approaches and educational goals related to teaching reflection.

Aim: The following tips outline an approach to the design, implementation, and evaluation of reflection in medical education.

Method: The method is based on the available literature and the author's experience. They are organized in the sequence that an educator might use in developing a reflective activity.

Results: The 12 tips provide guidance from conceptualization and structure of the reflective exercise to implementation and feedback and assessment. The final tip relates to the development of the faculty member's own reflective ability.

Conclusion: With a better understanding of the conceptual framework underlying critical reflection and writing about

- **Subjective:** What happened, subjective perception of event
- **Objective:** Getting input from literature, art, others about event
- **Assessment:** Assimilating the subjective and objective
- **Plan:** How event/reflection on it will impact knowledge/actions/perceptions in future

Sticky Ethical Situations Students Find Themselves In.....

Cases By:

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Assistant Professor

Department of Oral Health Policy and Epidemiology

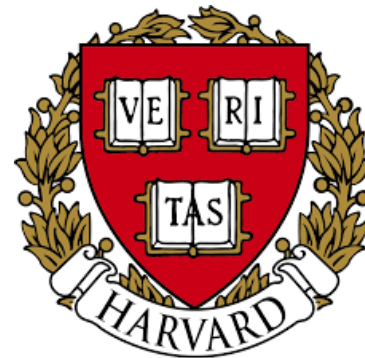
Harvard School of Dental Medicine

Christy Colburn

Associate Director, Global Health & Health Policy

Undergraduate Program

Harvard University



Case #1: Samantha

Samantha is an undergraduate student who spent the summer in Rwanda working with an NGO committed to expanding access to care and treatment for HIV/AIDS, Malaria, and other illnesses. On one particular day, this NGO was authorized by the Ministry of Health to provide Hepatitis C testing free of charge to Rwandans in Kigali.

“I was in charge of giving out testing vouchers. People came from miles around that day; they had been lining up for hours and hours to receive a voucher and – they hoped – be tested. Unfortunately we ran out well before supply could meet demand... but one woman found me and begged repeatedly, crying, to get tested.”

Samantha knows there is a “special stash” of additional vouchers that staff had tucked away somewhere. Should she access these and give the woman a chance to be tested?

Plot twist: the woman begging for the voucher is four months pregnant.

- Does this change your answer?
- Hepatitis C can cause both acute and chronic hepatitis infection, ranging in severity from a mild illness lasting a few weeks to a serious, lifelong illness. **If a pregnant mother is infected, there is a 1 in 25 chance that the baby will be born with hepatitis C.** A significant number of those who are chronically infected will develop liver cirrhosis or liver cancer, and approximately 700,000 people die each year from hepatitis C-related liver diseases. Antiviral medicines can cure approximately 90% of persons with hepatitis C infection, thereby reducing the risk of death from liver cancer and cirrhosis, but access to diagnosis and treatment is low.*

*According to World Health Organization factsheet on Hepatitis C, updated July 2016

Case #2: Jeffrey

Jeffrey is a dental public health resident participating in a broad clinical service learning trip in southeast Asia with an interdisciplinary team of medical and dental residents. Jeffrey is assisting a local community health worker in recording the results of blood tests of individuals interested in donating their blood. He is told by his supervisor Dr. Zao that the cultural norm, if someone is found to have the HIV/AIDS virus, is to tell them they are not a match to donate blood.

One of the donors tests positive for HIV/AIDS. The community health worker never informs the person that she has the virus. Should Jeffrey tell the donor the truth?

A. Yes. Tell the person about her HIV status; since unknown status is one of the causes of the spread of HIV/AIDS, it's a public health concern and part of Jeffrey's responsibility.

B. Yes. Jeffrey has life-saving information and the person has the right to know about her own health.

C. No. As is customary, tell the person that she was "not a match" to donate blood and move on.

D. Both A and B. Jeffrey can provide valuable information in an under-resourced setting due to his expertise in public health.

Case #3: Colleen

Colleen is an undergraduate student who traveled to a sub-Saharan African country for an internship at a local referral hospital. She explained to her supervisor that she was a pre-med student who did not have formal training. However, after observing two lumbar puncture procedures, she was encouraged and permitted by the physician in charge to perform more than 100 of these procedures on patients over a 6-week time period. Colleen felt that she could not say no because the clinic was clearly understaffed and overburdened, and the need for the procedure was significant.

When asked whether or not any of her “patients” experienced complications from these procedures, she admitted that she did not know the answer.

What liabilities and obligations does this case bring up for the student's home institution?

Liability from:

- risk to the patients
- risk to the student's safety

Obligation to ensure:

- in-country partners understand the difference between pre-med and medical students
- students know they should not exceed their level of training, under any circumstances
- learning and development outcomes are appropriate for students' education level
- students have a structured and safe opportunity to debrief their experiences with university staff/faculty

Ethical Challenges in Short-Term Global Health Training

Homepage

About the Case Series

Cases

- ▶ **Developing Cultural Understanding**
- ▶ **Ensuring Personal Safety**
- ▶ **Exceeding Level of Training**
- ▶ **Ensuring Sustainable and Appropriate Benefits**
- ▶ **Addressing "Ancillary Benefits"**
- ▶ **Recognizing Burdens**
- ▶ **Shifting Resources**
- ▶ **Telling the "Truth"**
- ▶ **Selecting a Research Project**
- ▶ **Understanding Informed Consent for Research**

Additional Resources (pdf)



This course consists of a series of ten cases to introduce trainees and others involved in global health research and service to ethical issues that may arise during short-term training experiences abroad.

Each is adapted from an actual scenario. Names, locales and other details have been changed to protect privacy and help meet learning objectives. For more information about the case series, [click here](#).

We recommend that you complete the cases in order. You can navigate the site using the navigation bar at left and the "Next" button on each page.

Following each case, we ask you to complete 5 brief

Course Objectives

1. Demonstrate increased awareness of ethical issues involved in short-term global health programs abroad;
2. Identify strategies for dealing with these ethical issues as they arise;
3. Display increased confidence in their ability to navigate these issues; and
4. Report anticipated and actual changes in their behavior during their training program abroad.

Before beginning this course, tell us a little about



First, Do No Harm: A Qualitative Research Documentary

from **Tim Holland** 6 years ago | more



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This is a qualitative research documentary that was created by Alyson and Timothy Holland. The documentary explores the ethics of global health clinical electives and volunteer projects in developing regions. It features interviews from experts and global health providers from Europe, Africa, Asia, North and South America.

It is intended for use in Pre-Departure Training for students and volunteers intending to participate in overseas projects. If you would like a free copy of the DVD for screenings or use in pre-departure training sessions, please contact timothy.holland@dal.ca.

To help us assess the impact of the video, we'd really appreciate if you could fill out the following surveys, one before watching (if

Student Emergencies & Risk Management



Meet our other guests today

Rick is a 4th year Medical Student who is AOA and receiving highest honors. He goes abroad on a global health elective in La Paz, Bolivia. Two weeks into the program, the local coordinator is called by the host family because they think he is stealing alcohol from the house. Rick denies this. Subsequently Rick shows up to clinic acting oddly and smelling of alcohol.

Luisa is an undergraduate student who participates in a global health program in Ecuador during the summer. She meets 3 other students on the program. Despite pre-departure training warning the students to not take night buses, the students decide to take a night bus on Friday for a weekend excursion in order to save money on hotel costs. About 45 minutes into the ride, the bus approaches a sharp curve at high speed and crashes, tumbling down a ravine. Luisa's friends cannot find her immediately after the crash.

Diona is a 22 year old nursing student who goes on a global health program during the summer after graduation in India. Diona does not report any medical history. Three weeks into the program, Diona starts to act oddly, saying people are looking at her funny, getting into her belongings. Diona and a fellow student find marijuana locally and Diona begins to act irrationally, with pressured speech, paranoia, and over animated mannerisms.

Luisa in Ecuador

Luisa is an undergraduate student who participates in a global health program in Ecuador during the summer. She meets 3 other students on the program. Despite pre-departure training warning the students to not take night buses, the students decide to take a night bus on Friday for a weekend excursion in order to save money on hotel costs. About 45 minutes into the ride, the bus approaches a sharp curve at high speed and crashes, tumbling down a ravine. Luisa's friends cannot find her immediately after the crash.

Luisa is found unconscious, pale by local emergency responders. She is taken to an 'emergency room' where she has a punctured lung and barely has a blood pressure. The program's local Medical Director has to go to a different pharmacy to buy epinephrine to get her blood pressure compatible with life and has to get blood to be transfused, as she is internally bleeding. The local emergency room has no trauma surgeons. Luisa cannot feel her toes. Due to the punctured lung, she cannot fly.

Luisa is taken to the capital of Quito by ambulance accompanied by the programs local Medical Director. She is found to have a broken spine, sternum, and internal bruising. \$25,000 guarantee of payment and \$10,000 cash guarantee is requested by the Quito hospital. When stabilized, Luisa is evacuated to her home state of Illinois to the academic health center for further surgery and rehab.

Diona in India

Diona is a 22 year old nursing student who goes on a global health program during the summer after graduation in India. Diona does not report any medical history. Three weeks into the program, Diona starts to act oddly, saying people are looking at her funny, getting into her belongings. Diona and a fellow student find marijuana locally and Diona begins to act irrationally, with pressured speech, paranoia, and over animated mannerisms.

Diona is taken late in the evening to a local emergency room of a tertiary hospital with an inpatient psychiatric ward. Blood work is taken to make sure there is nothing physical causing the behavior. It is deemed to be psychiatric. Diona is asked for \$1500 up front before the emergency room will admit her. Marijuana is found in her backpack. Her homestay mother (a conservative Hindu woman) eats a cookie that Diona left in the fridge and begins to hallucinate and is admitted to the ICU at another hospital. More drugs and 'cookies' are found in the bedroom of the homestay.

Rick in Bolivia

Rick is a 4th year Medical Student who is AOA and receiving highest honors. He goes abroad on a global health elective in La Paz, Bolivia. Two weeks into the program, the local coordinator is called by the host family because they think he is stealing alcohol from the house. Rick denies this. Subsequently Rick shows up to clinic acting oddly and smelling of alcohol.

Rick is sent home from clinic and the local coordinator picks him up. He discusses with him his alcohol usage and Rick admits to relapsing from sobriety with alcoholism when he arrived in Bolivia. Rick starts to tremor from alcohol withdrawal. He did not report any history on the medical history pre-departure form. Rick has a history of severe withdrawal and life-threatening seizures. He will need to be detoxed with IV medications to safely come off of alcohol. Rick does not want his school or parents alerted. Rick's parents are listed as emergency contacts and he has signed a participation agreement/contract.

Rick is admitted to the only detox clinic in Bolivia and placed on IV ativan, he is agitated and threatening to leave the clinic. He wants to continue participating in the program. His parents are alerted because they were listed as emergency contacts and permission was received before departure. He is told he may be able to continue the program if he finishes detox to calm him down and encourage him to comply with treatment. Rick finishes detoxing after 4 days, is dismissed from the program, and released to the care of his mother. He is encouraged to alert his school of his substance use, he reports his dean is already aware.

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Diona is hospitalized in the psychiatric ward for her first psychotic break. She is stabilized on mood medications. Her mother and father fly to India and she is discharged to their care. The homestay father goes through Diona and her room-mates journals and finds evidence of multiple incidents of drug usage. The local Medical Director drafts a confession and asks all the involved students to sign it in order to protect the homestay family and avoid police action. The homestay family requests the students not get dismissed, as it will raise eye brows in the community, they request the students finish the program even though they broke the rules/participation agreement. The students' school wants them dismissed immediately. Diona paid up front for some of her medications and therapy, which go into a 6 week claims process. Only one parent is covered to fly to her; so the other has to be paid out of pocket. There was previous disciplinary action for drug use by Diona not disclosed by the university to the host staff or providing organization.

At your tables...

- What are the risk management and incident response resources you have to lean on?
- What are the risk management and incident response resources you wish you had?
- Can you provide shared experience with your colleagues to help them creatively think about how to fill in the gaps?

Thank you.