

Faux Pas: Cultural & Ethical Challenges with Global Health Experiential Learning



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MEXICO

OAXACA

- Realities of Health Access & Inequities

MEXICO

PUERTO ESCONDIDO

- Tropical Medicine & Community-Based Care
- Women's Reproductive Health

INDIA

MUMBAI/PUNE

- Confronting Tropical Disease Challenges
- Maternal & Child Health

INDIA

RURAL HIMALAYAS

- Rural/Urban Himalayan Rotation
- Intro to Traditional Medicine

ECUADOR

QUITO/PUYO/CHONE

- Amazon Community & Indigenous Health
- Andean Health
- Implementing Universal Healthcare
- Reproductive Health
- Urban & Rural Comparative Health
- Infectious Disease Eradication
- Sonrie Ecuador-Dental Program

BOLIVIA

LA PAZ

- Pediatric Health & Adolescent Medicine

BOLIVIA

TARIJA

- Healthcare in Remote Southern Bolivia

SOUTH AFRICA

DURBAN

- HIV/AIDS & Healthcare

SOUTH AFRICA

CAPE TOWN

- Healthcare Challenges

INDIA

NEW DELHI

- Public Health & Community Medicine
- Sight for All-Ophthalmology Rotation

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I became a part of their community. I wasn't just the outsider watching them from a distance. In a way, I was one of them. I was working side-by-side with them, eating the same foods, drinking the same drinks, and (in small sentences) speaking the same tongue. I learned about their cultural values, family customs, social interactions, and even their medical approaches. I think one of the most symbolic moments in embracing their culture, was when my house mother took us to Church with her. We got to attend weekly Mass with the community and at the end, they had a "birthday into the community" ceremony for Brittney, Basil, myself, and a few of the other volunteers we were living with. We were given our Ghanaian names at that ceremony based on the day of the week we were born. I became known as Esi."

-Kelly Russo, CFHI Student Scholar (Accra, Ghana), Undergraduate, Sienna College



"CFHI did an excellent job of preparing me for the experience. Their focus as an organization is Asset-Based Community Development which seeks to identify what resources the community already has rather than implementing a more "hit-and-run" approach which can often lead to dependence and lacks sustainability. Having been on several trips abroad including southern Africa and Central America, I am very impressed with the integrity and thoughtfulness of their approach to partnering with communities."

-Bennett Shake, CFHI Student Scholar (Mysore, India) 3rd Year Mass General Hospital Institute of Health Professions, Doctor of Physical Therapy Student

"It was an amazing experience. I wish it was longer, but the ties and connections I made while in Puerto Escondido will last for years to come. Not only that, I returned almost fluent in Spanish with invaluable medical shadowing experience and detailed knowledge of public health problems in the state of Oaxaca. I also learned about the Mexican health insurance system, traditional medicine used throughout the state, and medical Spanish."

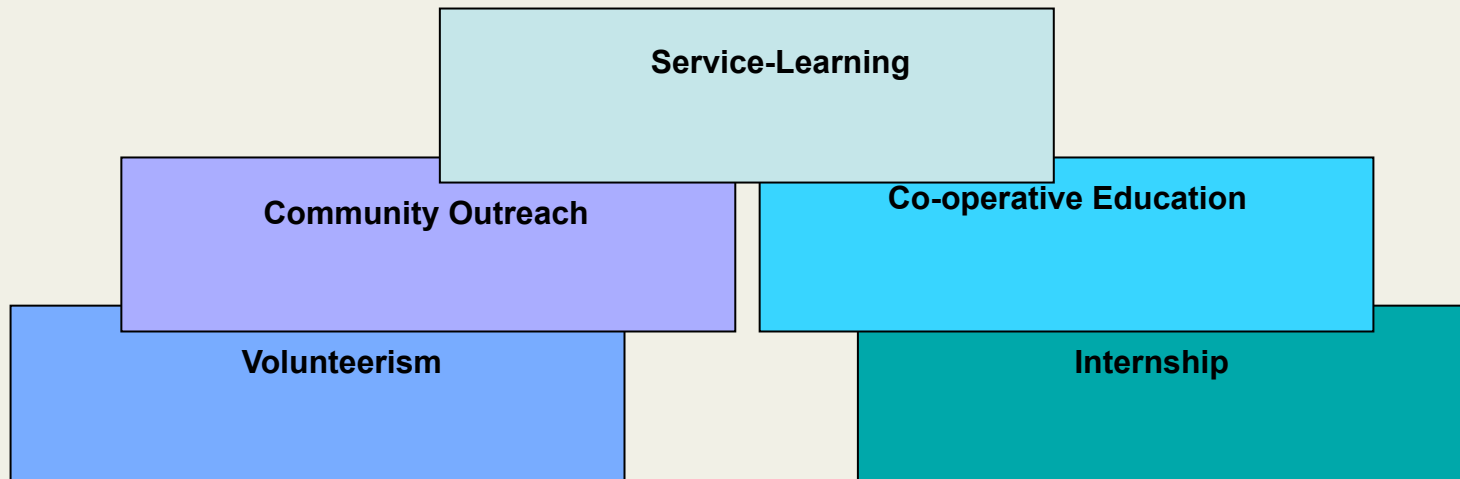
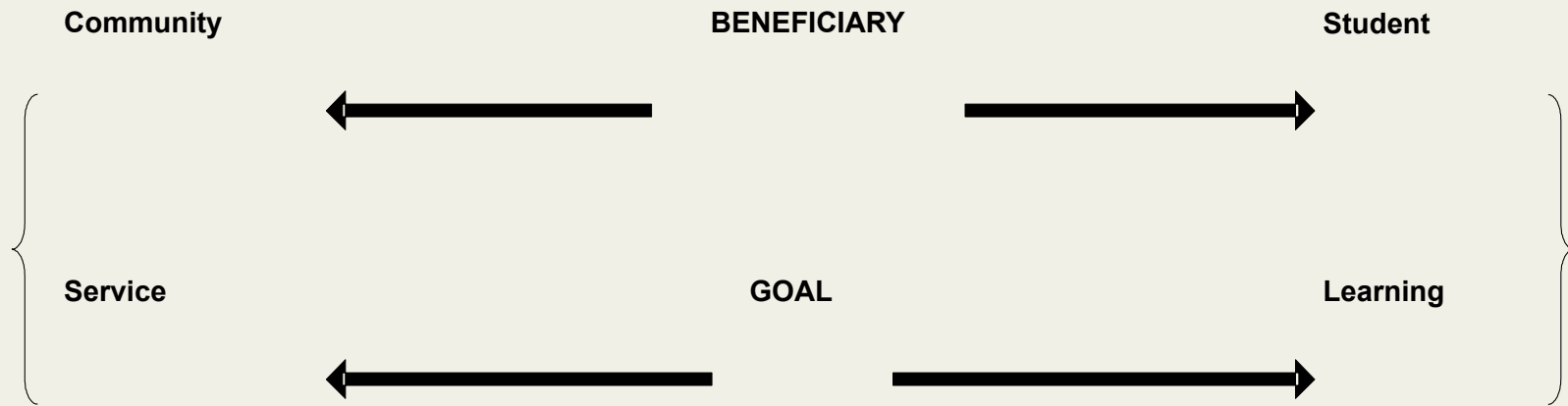
-Shireen Saxena, CFHI Student Scholar (Puerto Escondido, Mexico), Post-Bach Student, Mill's College

“I am trying to establish a long-term and impactful relationship between the [my school’s] student body and the villages and small towns of South Africa. [My school’s] students, who have a reputation for being extremely medically-driven, would be very interested in serving the communities medically, whether it is through patient advocacy, disease/illness awareness, or being able to directly participate in minor surgeries and procedures.”

-Email from undergraduate (bachelor’s) student



Source: Service Learning in the Curriculum: A Resource for Higher Education Institutions. The Council on Higher Education. Pretoria, South Africa, 2006.



Challenges + Opportunities





Is "Global Health" students practicing patient care beyond their level of training?: Pre-professional advisors perspectives on student international experiences

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Amy Sapp, ScD⁵, and Christine Nelson⁶

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Results

- 82% of advisors encountered pre-medical/pre-health undergraduate students going abroad to get hands-on patient care experience.
- 88% of advisors are somewhat or very concerned about pre-medical/pre-health students getting hands-on patient care experience abroad.
- 86% of advisors have encountered pre-medical/pre-health undergraduate students seeking hands-on patient care experience abroad because they believe it will bolster their medical/health professions school application.
- 11% of advisors are aware of medical schools that give positive favor to applicants who have had hands-on patient care experience abroad.
- 33% of advisors felt very equipped to advise students seeking hands-on patient care abroad.
- Advisors who have more years of experience advising feel more equipped to advise students around hands-on patient care abroad (p=.008).

■ **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

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) Students are engaging in activities (abroad) under the auspices of “helping” in a manner that:

- Unnecessarily elevates the risk of harms to patients
- Ignores professionalism standards
- Defies ethical principles and standards

Unnecessarily elevated risk of
harms to patients



Child Family Health International



THE FORUM ON EDUCATION ABROAD

Guidelines for Undergraduate Health-Related Programs Abroad

Updated March 2013

There is a growing interest in global health among college students in the U.S. Some are interested because of a passion to “help people”; others see pursuing a health related activity as a way to gain experiences that will help them be successful when applying to medical school, or another health profession. With the increase in interest in global health, has come an increase in organizations trying to serve these students, and give them experiential learning opportunities in health settings. The concern that has been raised by many focuses on the safety and ethical nature of the types of experiences these students are having when abroad. These standards have been created to support sending institutions and hosts that serve students who are involved in experiential learning in health-related settings outside the United States.

These guidelines should be used to augment The Forum’s *Standards of Good Practice for Education Abroad*.

These guidelines are designed for a wide range of program types including: academic, for-

Forum Education Abroad Guidelines

- Engage in existing healthcare and public health organizations and avoid ignoring, displacing, disregarding or circumventing those organizations and systems by providing experiences outside of those systems.





Examples of Appropriate Activities

Inappropriate

- Setting up a clinic in a school with 2 local doctors and 30 visiting students
- Seeing 500 patients in a day at a 'pop-up' clinic
- Not keeping medical records on patients
- Not hooking into health system referrals

Appropriate

- Doing home visits with a community health worker
- Accompanying rounds at a local hospital
- Shadowing a primary care doctor
- Round table with the Ministry of Health to discuss how the health system is set up

Forum Education Abroad Guidelines

- Match student capacity including knowledge, skills, competencies with capacity necessary for the experience so patient and community well-being is not compromised.
- Ensure students have a safe place to report activities they are asked to perform that are outside of the scope of their education, training, knowledge, skills.









Examples of Appropriate Activities

Inappropriate

- 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

Appropriate

- Listening to a heart murmur after a local doctor has diagnosed it
- Presenting a case study of a patient seen during rounds with local healthcare workers
- Conducting a chart review to help a clinic understand incidence of high blood pressure

WHAT TO LOOK FOR IN GLOBAL SERVICE LEARNING

6 STANDARDS OF PRACTICE TO GUIDE YOUR DECISIONS

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1 ORGANIZATIONAL ALIGNMENT

Do the sending, intermediary, and host community entities really share the same mission, commitment and capacity to collaborate? Or is one using another to achieve different goals? Do the people involved have the proper credentials to deliver what they promise? Or are they working in an uncoordinated and complex space without proven competencies?

WHAT TO LOOK FOR

- ✓ Aligned missions, equitable relations, critical thinking, and dialogue among stakeholders
- ✓ Evidence of long term commitment to collaborative practices and common goals
- ✓ Professionals with related academic preparation and professional experience in international education and community development

WHAT TO AVOID

- ✗ Organizations that are aimlessly jumping on a trend of internationalization without partners
- ✗ Conflicting academic, commercial, cultural, or community visions, values, and methods
- ✗ Amateurs with an abundance of enthusiasm and a shortage of pertinent qualifications

WHY IT MATTERS ●

Aligned sponsoring, intermediary, and community organizations produce more defined reciprocal public benefits and less vague mutual private benefits that advance the overall aims of global education and community development.

2 SUSTAINABLE MANAGEMENT

Are the organizations ethically managing their legal, financial, administrative, and human resource functions in compliance with formal requirements and best practices? Or are they taking advantage of unregulated spaces to operate informally? Is there openness and in-depth transparency or reluctance and superficial sharing?

WHAT TO LOOK FOR

- ✓ Civic licences to operate and written partnership agreements with communities and stakeholders
- ✓ Proactive disclosure and explanation of financial statements and access to substantive information
- ✓ Staffing policies and manuals, codes of conduct, fair remuneration, and professional development

WHAT TO AVOID

- ✗ Organizations that are operating without any public status or established local partnerships
- ✗ Simplistic and one-time financial reporting that boasts of low overhead and imprecise high impact
- ✗ Exploitation of people in uneven power relationships with less access to resources

WHY IT MATTERS ●

Sustainable and ethically operated sponsoring, intermediary, and community organizations have a long-term, accountable presence that engages local authorities, extends public networks, develops local capacity, and supports collective initiatives.

3 RESPONSIBLE MARKETING

How are words, images, and symbols used to promote engagement and outcomes? Respectfully, realistically, accurately, and consensually? Or do they perpetuate stereotypes, reinforce clichés, provoke pity, glorify individuals, exaggerate claims, or misuse cultural icons? Does content analysis lead to clear and mission-relevant messaging? Or to faulty assumptions and slacktivism?

WHAT TO LOOK FOR

- ✓ Text that uncovers assumptions about power, privilege, outcomes, and personal agency
- ✓ Images that are genuine, balanced, and dignified that provide context and perspective
- ✓ Modest and qualified use of short and long-term claims reflective of both success and limitations

WHAT TO AVOID

- ✗ Text that presents short and easy solutions and predicts grand outcomes and amplified impact
- ✗ Images that gratuitously use or idealize children and vulnerable populations without consent
- ✗ Symbols or unverifiable statistics that over-simplify complex issues and wicked problems

WHY IT MATTERS ●

Responsible marketing materials inform and inspire local and global engagement rooted in reality not illusion, and invite multi-faceted collective participation not one dimensional individual solutions.

WHAT TO LOOK FOR IN GLOBAL SERVICE LEARNING

6 STANDARDS OF PRACTICE TO GUIDE YOUR DECISIONS

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4

INTEGRATED IMPLEMENTATION



Is the program and/or project identified, designed, prepared, and implemented within a shared theory of change and operationalized in a logic model? Or is it segregated solely by function and convenience based on assumed roles? Are there common strategies, resources, and decisions? Or unrelated independent activities?

WHAT TO LOOK FOR

- ✓ Shared processes, roles, responsibilities, and solutions across organizations
- ✓ Comprehensive pre/during/post experience materials and itineraries for all parties
- ✓ Connection between systemic local and global issues; interdependence not independence

WHAT TO AVOID

- ✗ Northern organizations assuming substance, Southern ones relegated to logistics
- ✗ One-sided attention to broadening the participants, but not communities, service learning experience
- ✗ Adventure-destination and consumer-oriented international travel that appropriates cultures

WHY IT MATTERS ●

Integrated design and implementation reduces neo-colonial tendencies while challenging and raising the capacity of all entities to demonstrate true partnership and a more equitable distribution of responsibilities, risks, and rewards.

5

PROTECTION OF PEOPLE & PLANET



What safeguards are in place to protect children, vulnerable populations, and the environment from harm? Is the need for them articulated and reflected in policies, procedures and training? Or are boundaries and obligations forgotten in the excitement of travel and absence of regulation?

WHAT TO LOOK FOR

- ✓ Protocols for contact with children and vulnerable populations that protect privacy, prevent interference, exploitation or abuse
- ✓ Codes of conduct for photography that honor cultural norms and require respectful use of images by individuals and organizations
- ✓ Health, safety, and conservation practices for visits to urban, rural, natural, wildlife and heritage sites
- ✓ Carbon offset mechanisms for air travel

WHAT TO AVOID

- ✗ Unrestricted access, contact, and voyeurism of children and vulnerable populations
- ✗ Unbounded photography of people as objects, posting of images without consent, and use of images in marketing materials without recognition
- ✗ Lack of evidence of due diligence, health and safety risk mitigation, and carbon offset strategies

WHY IT MATTERS ●

The rights of children and vulnerable populations merit respect and legal and moral obligations exist to protect all people and our planet from harm.

6

REALISTIC EVALUATION



How are inputs, activities, outcomes, and indicators chosen to be monitored, evaluated and shared effectively? Is reliable and valid quantitative and qualitative data collected? Or are reports mostly anecdotal and episodic? What metrics are employed and who benefits from analysis? Or do feedback loops appear self-serving?

WHAT TO LOOK FOR

- ✓ Data collected by a variety of means over time from a sufficient number and scope of consenting sources
- ✓ Recognition of the complexity of evaluation and the limitations of findings – for example, deadweight, displacement, and drop-off effects
- ✓ Credibility gained from failure reporting, external evaluators and on-going research efforts

WHAT TO AVOID

- ✗ Findings derived from unreliable or invalid data
- ✗ Organizations that invest a little in evaluation and a lot in promoting simplistic results as impact
- ✗ Resistance to external critique or performance analysis

WHY IT MATTERS ●

Realistic evaluation measures allow organizations to incrementally improve their efficacy and efficiency in a credible and constructive context.

Ignores Professionalism Standards

Scope of Practice

Scope of practice refers to (1) the extent to which providers may render health care services and the extent they may do so independently and (2) the type of diseases, ailments, and injuries a health care provider may address.

- Laws and rules
- Legal and Physician community agreement
- Health professionals training, skill, education
- Specialty certifications
- Malpractice

We are writing to share with you the American Dental Association's recently-adopted policy addressing students' participation in dental outreach programs. The policy statement was first proposed by the American Student Dental Association and the Pennsylvania Dental Association last fall. The 2010 House of Delegates supported the concept and adopted Resolution 31H-2010: Participation in Dental Outreach Programs:

Resolved, that it be policy of the American Dental Association (ADA) that students in U.S. dental schools and pre-dental programs who participate in a dental outreach program (e.g., international service trips, domestic service trips, volunteerism in underserved areas, etc.) be strongly encouraged:

- To adhere to the ASDA Student Code of Ethics and the *ADA Principles of Ethics and Code of Professional Conduct*;
- To be directly supervised by dentists licensed to practice or teach in the United States;
- To perform only procedures for which the volunteer has received proper education and training.

The dedication of the growing number of volunteers who work in some of the world's most deprived communities is fully supported by the American Dental Association. However, we have experienced a surge of increasing cases that some volunteers, albeit with good



Need to Know: Best Practice Guidelines

[https://www.aamc.org/
download/181690/data/
guidelinesforstudentspro
vidingpatientcare.pdf](https://www.aamc.org/download/181690/data/guidelinesforstudentsprovidingpatientcare.pdf)



**Association of
American Medical Colleges**
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Guidelines for Premedical and Medical Students Providing Patient Care During Clinical Experiences Abroad

Acquiring exposure to a variety of health-related clinical settings is a vital part of premedical and medical student preparation. Many students are now taking advantage of opportunities to gain clinical experiences abroad, where regulations governing the procedures that students can perform on patients are often less stringent and well defined than in the United States and Canada. Additionally, existing local regulations may not be uniformly or fully enforced. While many students have had beneficial experiences through involvement in patient care activities

GAPS Oath



Oath of Global Ambassadors for Patient Safety

This certificate confirms that I have completed the University of Minnesota Health Careers Center's "Global Ambassadors for Patient Safety" workshop. I agree with and am committed to upholding the important standards it introduced regarding my responsibilities for patient safety and privacy while participating in a healthcare experience abroad.

I am currently an unlicensed pre-professional, and just as it is unethical for me to practice direct patient care within the United States, it is equally so in any country I am visiting. Regardless of intent, by engaging in any unlicensed medical practices, I would be disregarding patient boundaries and safety, and would be placing that patient at considerable risk.

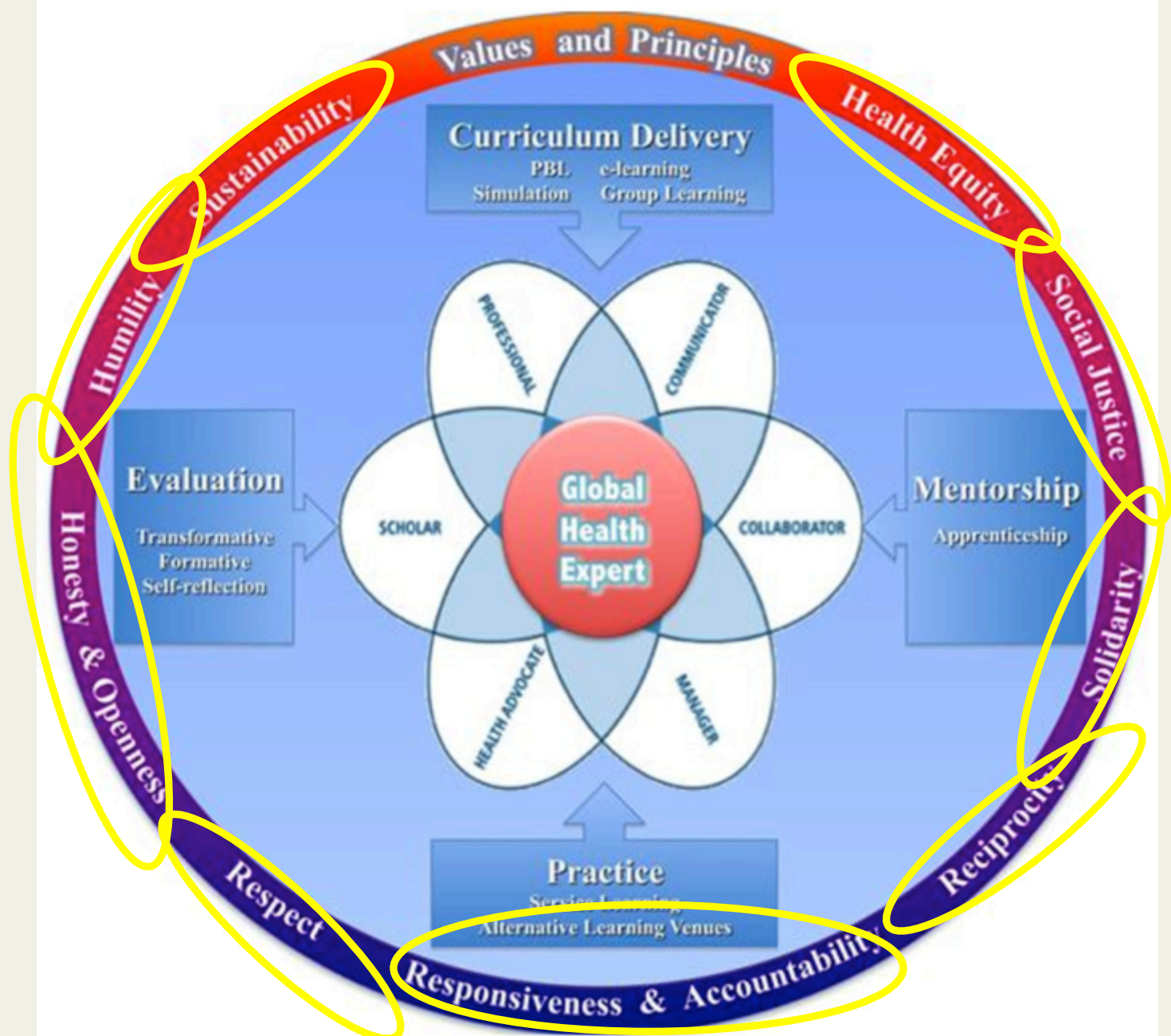
Signature

Date

After taking a final quiz, students are given a certificate of completion.

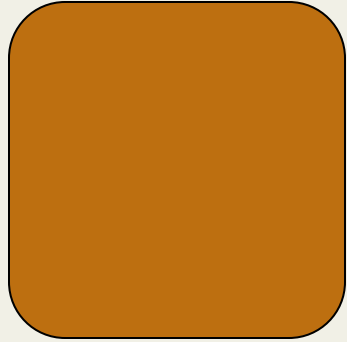


Defies Ethical Principles and
Standards

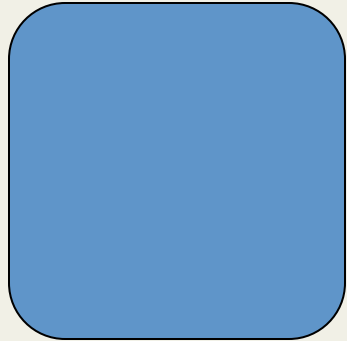


Framework for Global Health Education in Postgraduate Family Medicine Training Available online at:
<http://globalhealth.enovativesolution.com> webcite®The Ontario Global Health Family Medicine Curriculum Working Group.

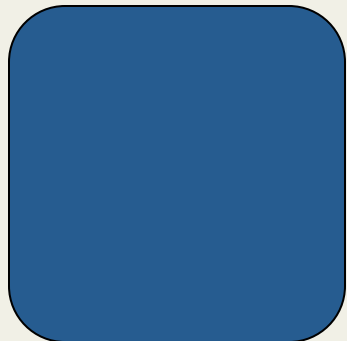
Global Health Ethics for Students



- Humility



- Solidarity




- Social Justice

- Introspection

Pinto A and R Upshur. Global Health Ethics for Students. *Developing World Bioethics*; Nov 2009: 1-10.

Guidelines and Standards for Health-Related Programs



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American Medical Colleges
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Guidelines for Premedical and Medical Students Providing Patient Care During Clinical Experiences Abroad

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Tropical Medicine and Hygiene

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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)†

+ Author Affiliations



[http://
www.ajtmh.org/
content/
83/6/1178.long](http://www.ajtmh.org/content/83/6/1178.long)

Global Health Training

Ethics and Best Practice Guidelines for Training Experiences in Global Health

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

Division of Infectious Diseases and International Health, Duke University Medical Center, Durham, North Carolina; Duke Global Health Institute, Duke University, Durham, North Carolina; Kilimanjaro Christian Medical Centre, Moshi, Tanzania; Kilimanjaro Christian Medical College, Tumaini University, Moshi, Tanzania; Berman Institute of Bioethics and Department of Medicine, Johns Hopkins University, Baltimore, Maryland; Office of Global Health, Stanford University, Stanford, California; Researcher, Bioethics and Global Health, Pune, India; Fogarty International Center, National Institutes of Health, Bethesda, Maryland; Departments of Medicine and Public Health, Stony Brook University School of Medicine, Stony Brook, New York; Emory Global Health Institute, Emory University, Atlanta, Georgia; Naval Medical Research Center Detachment, Lima, Peru; Doris Duke Charitable Foundation, New York, New York; BMJ, London, United Kingdom; Clinical Research Unit, London School of Hygiene and Tropical Medicine, London, United Kingdom; Chula Medical Research Center (ChulaMRC), Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand; HIVNAT, Thai Red Cross AIDS Research Center, Bangkok, Thailand; College of Health Sciences, Makerere University, Kampala, Uganda

Abstract. Academic global health programs are growing rapidly in scale and number. Students of many disciplines increasingly desire global health content in their curricula. Global health curricula often include field experiences that involve crossing international and socio-cultural borders. Although global health training experiences offer potential benefits to trainees and to sending institutions, these experiences are sometimes problematic and raise ethical challenges. The Working Group on Ethics Guidelines for Global Health Training (WEIGHT) developed a set of guidelines for institutions, trainees, and sponsors of field-based global health training on ethics and best practices in this setting. Because only limited data have been collected within the context of existing global health training, the guidelines were informed by the published literature and the experience of WEIGHT members. The Working Group on Ethics Guidelines for Global Health Training encourages efforts to develop and implement a means of assessing the potential benefits and harms of global health training programs.

PREFACE

Educational institutions, foundations, and governmental

global health and to benefit from the appeal of such programs to funders and philanthropists.

Why?

EDUCATION / TOP MEDICAL SCHOOLS

f t r e MORE

Bolster a Medical School Application With Volunteer Work

Participate in volunteer experiences that demonstrate leadership skills, experts recommend.

By [Delece Smith-Barrow](#) | Reporter Sept. 4, 2013, at 9:30 a.m.



CARVANA

**BUYING A CAR
SHOULDN'T
SUCK**

PRE-PROFESSIONAL PROGRAMS



THE OHIO STATE
UNIVERSITY

How to be a Competitive Candidate

- Volunteer experience, including a substantial amount of exposure to the profession of interest. Professional schools expect or require this! In general, experiences:
 - Should show that you work well with a wide variety of people (leadership is good)
 - Should show that you like to help people (philanthropies)
 - Should show that you have learned about the profession through clinical experience with patient contact, informational interviews with practitioners, etc.

Source: <https://preprofessional.osu.edu/prehealth/competitive-candidate>



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

+



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

+



High risk environment for medical errors & patient harm

+



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

+



Highly motivated, driven students wanting to ‘help’ immediately and see themselves as the solution for complex global health challenges.



“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

Let's Get Real



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

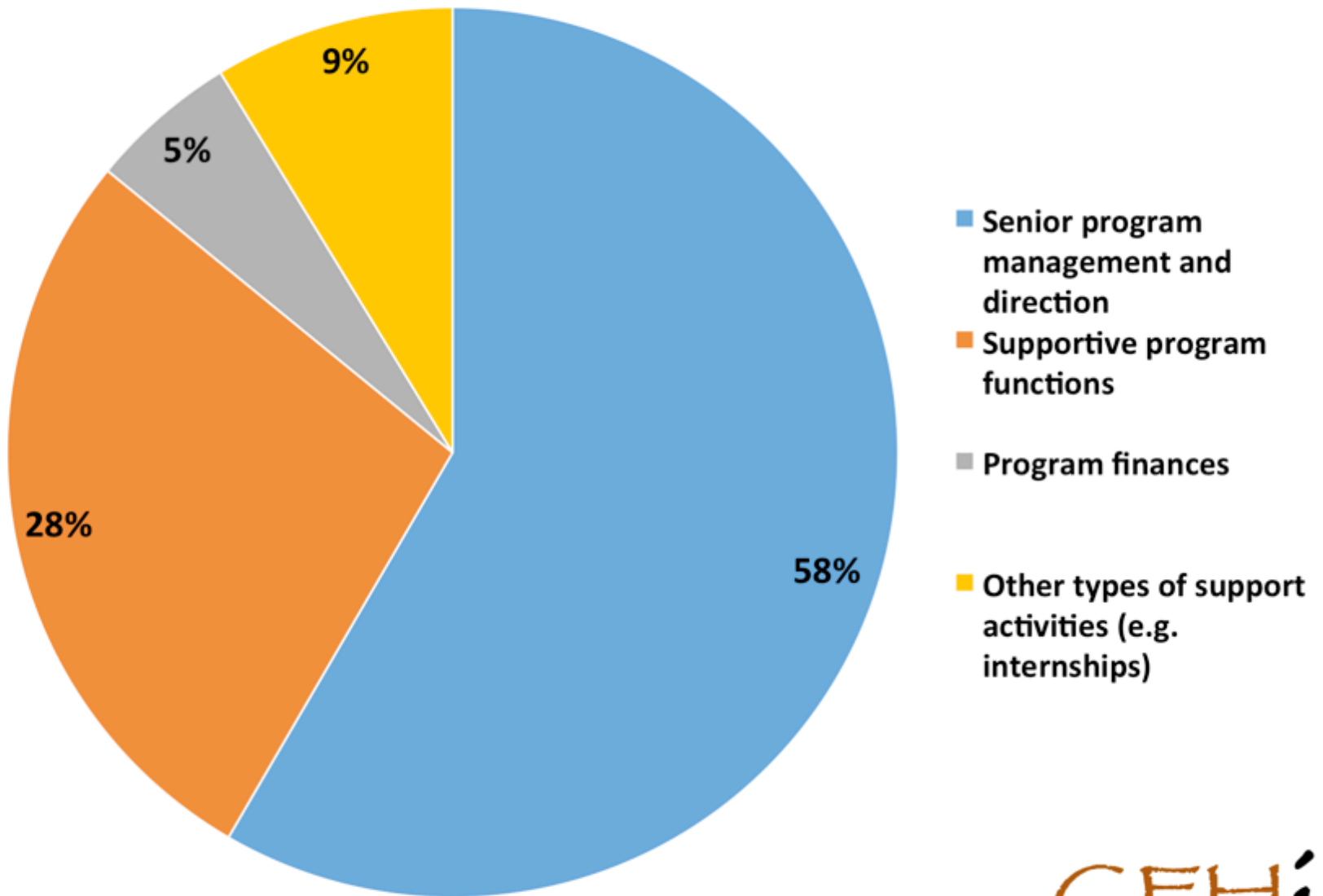
BACKGROUND At the 2008 inaugural meeting of the Consortium of Universities for Global Health (CUGH), participants discussed the rapid expansion of global health programs and the lack of standardized competencies and curricula to guide these programs. In 2013, CUGH appointed a Global Health Competency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

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
DOMAIN: 1. Global Burden of Disease.			
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}			
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
DOMAIN: 2. Globalization of Health and Health Care.			
Focuses on understanding how globalization affects health, health systems, and the delivery of health care. ^{16,20}			
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, multi-national 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

Domains of Global Health Competency

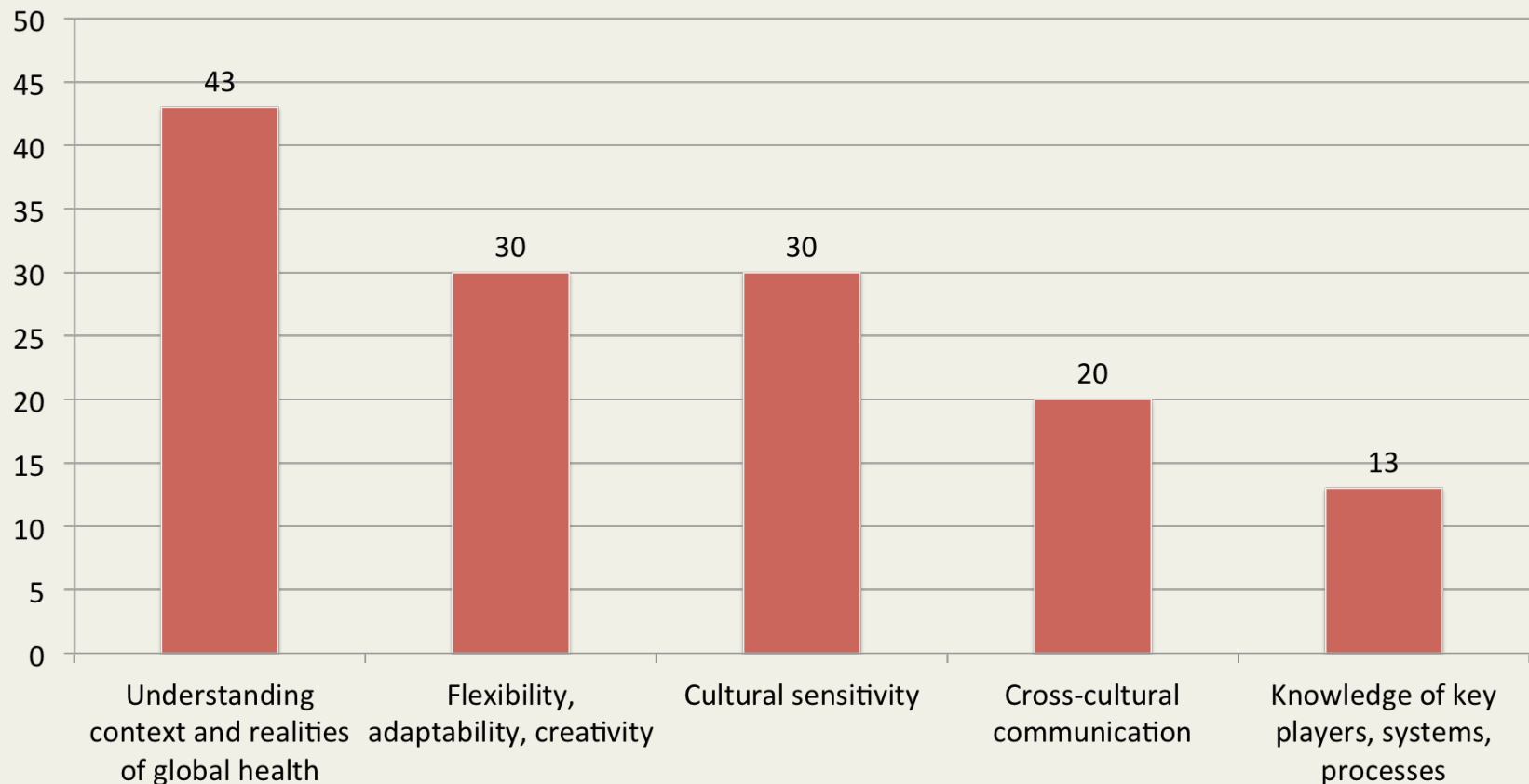
- Global Burden of Disease
- Globalization of health and health care
- Social and Environmental Determinants of Health
- Capacity Strengthening
- Collaboration, Partnering, and Communication
- Ethics
- Professional Practice
- Health Equity and Social Justice
- Program Management
- Sociocultural and Political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



Eichbaum Q, Hoverman A, Cherniak W, Evert J, Nezami E, Hall T. 2015. "Career Opportunities in Global Health: A snapshot of current employment landscape." *Journal of Glob Hlt* 5(1).

Perceived Weaknesses: Opportunities for International Education

Perceived Weaknesses of Domestic Health Professionals Moving to Global Health



Partnering with *Parteras*: Multi-Collaborator International Service-Learning Project Impacts on Traditional Birth Attendants in Mexico

M. Alexandra Friedman

Dana R. Gossett

Northwestern University

Isabella Saucedo

Child and Family Health International

Shayna Weiner

Mimi Wu Young

Northwestern University

Nick Penco

Child Family Health International

Jessica Evert

University of California, San Francisco

What's Important for Students to Learn and Do in the Perspective of the Host/International Community?

- 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)

Cherniak W, Evert J, et al. Host Perspectives of Global Health Competencies. Annals of Global Health, pending publication.

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

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.”

“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”

“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

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.



At your tables, discuss....

- How are experiential learning components a part of my curriculum?
- What challenges do I have? Who at my table has similar challenges or can offer solutions?
- What successes have you had in getting institutional support and/or collaboration for experiential global health education?
- What local global health exists in your community?