

■ Developing Global Ambassadors for Patient Safety

■
Tricia Todd, MPH, and Shailey Prasad, MD, MPH

This session was presented at the 2015 CAAHP meeting in Kansas City.

Ms. Todd is Assistant Director, Health Careers Center and Instructor, School of Public Health, University of Minnesota.

Dr. Prasad is an Associate Professor in the Department of Family Medicine and Community Health at the University of Minnesota. He is also the Associate Director of North Memorial Family Medicine Residency, and Director of the Global Family Medicine Pathway. This session was presented at the 2015 CAAHP meeting in Kansas City.

Address correspondence to todd0002@umn.edu.

Abstract:

Advisors are in a unique position to help students prepare for a health profession. As students become more and more creative in building a portfolio that allows them stand out from the competition, we find them crossing potential ethical boundaries – particularly as they relate to global health experiences. These experiences are often putting students and patients at potential risk. Therefore advisors have the opportunity to teach students how to be “Global Ambassadors for Patient Safety”. The University of Minnesota Health Careers Center has created a number of tools available to support advisors and students to prepare to have safe and ethical experiences abroad. The primary message in all of the tools is if you cannot do it in the United States, you should not do it abroad.

Competition among students interested in entering health professions continues to increase. In an effort to gain experience and make themselves competitive candidates, an increasing number of students are choosing to go abroad for direct patient care experiences. This is possibly because they recognize that there may be fewer limitations on what they can do, particularly in under resourced communities. These experiences often put them and others at potential risk. Because study abroad experiences are important for student development (Hadis, 2005), we encourage students to find safe, ethical and healthy experiences. Therefore, instead of telling students they should not go abroad, it is important that sending institutions and advisors have the opportunity to teach students how to be “Global Ambassadors for Patient Safety”.

When done correctly, good study abroad programs allow students to build self-awareness, improve intercultural communication and even develop a foundation for global

health competencies. On the other hand, according to Dr. Jess Evert, a leading advocate on this issue, “the risks of poorly designed programs include, but are not limited to:”

1. Harm to patients caused by students practicing hands-on medical care beyond their level of training
2. Disempowerment of local healthcare providers who are easily sidelined by visitors from the Global North
3. Harm to students in the form of moral distress, threats to health/safety, and ignorance of professional standards
4. Mischaracterization and oversimplification of ‘global health.’ (globalsl.org/cfhi/)

Not all global experiences are equal, and students often find themselves in settings that may not have the same health and safety protocols or adequate oversight of activities as they would encounter in the U.S. Dr. Evert explains that “these experiences can potentially do more harm than good for

Developing Global Ambassadors for Patient Safety *(continued)*

many stakeholders, including participants, patients, local healthcare systems, and providers.”

There are a variety of push and pull factors that are contributing to this issue. One factor is the lack of clarity from medical schools regarding the types of experiences students should have in their portfolio. The message students are hearing from admissions committees is that to be competitive they need “patient or clinical experience.” With no additional explanation of what that means, students take it upon themselves to define what admissions committees are looking for. Combining that with limited education or preparation, students often find themselves in situations where they have either been able to or perhaps invited to participate in direct patient care. Wanting to distinguish themselves from others in the competitive pool combined with their focus on building a resume of interest leads students to say yes, even when they have no training or knowledge to support them.

Additionally, due to the student demand for these types of opportunities, new organizations are emerging daily, courting students and selling opportunities to have hands-on patient care experiences in exotic settings. These same trips often combine “patient-care experience” with side trips into the jungle, the beach, or the hottest nightlife. Most of these are a form of *voluntourism*, often in an under-resourced community where organizations can set up temporary clinics that provides students with the opportunity to put on a white coat or scrubs, and provide care to patients in that community who unsuspectingly believe they are being treated by health professionals. Often these programs are set up in such a way that students believe they are providing the only healthcare in the vicinity. These programs are often very short-term, and the organization providing the student experience has limited or no ties to the community.

In some situations, students are participating in study abroad experiences that place students into community hospitals and clinics. When these are located in under-resourced communities, the host may actually welcome an extra set of hands to help out. The challenge from a study abroad perspective is to assure that the host understands that the student is not there to augment the healthcare workforce, but rather is there to learn in the context of a broader study-abroad experience. The message being sent to hosts and students alike is if students are not allowed to do it in the United States, they should not do it there. This not only protects the patients and communities, but helps assure that sending institutions are following best practices that assure the safety of students who are going abroad.

On occasion the host may not understand the student’s capacity or role. In part, this is because medical education in the U.S. is different than in most other parts of the world. In most countries, students can go directly from secondary school into medical school. In the United States, students need to have a bachelor’s degree before entering medical school. Therefore, a 21 year-old from the U.S. may be at a very different place in their education than a 21 year-old from a European school. To complicate matters even further, the U.S. refers to post-secondary education as undergraduate education. When students enter medical school here, it is referred to as undergraduate medical education – as it is in most parts of the world. Therefore when an undergraduate student from the U.S. shows up in a community in Africa, Asia, South America or even Europe and refers to himself as “pre-med” they are often mistakenly thought of as being in undergraduate medical education. And when asked if they are in undergraduate medical education, the students themselves often think they are and answer yes.

In 2009, staff at the University of Minnesota began discussing concerns about students participating in direct patient care experiences while abroad. After hearing and reading stories about students delivering babies, giving vaccinations, drawing blood, assisting in surgery, suturing, and even performing a lumbar puncture, the health professionals working at the Health Careers Center (HCC), at the University of Minnesota, started asking questions of their colleagues in the Learning Abroad Center. As a result of the conversations, the Health Careers Center in collaboration with the Learning Abroad Center and other international partners developed the Global Ambassadors for Patient Safety online education tool. The tool is an open-access tool, and can be used by anyone. The primary purpose is for students to access information ranging from the benefits of a global experience to choosing the right type of program, and even how to apply what they learn when applying to a health graduate program. The content is intended to help students learn ethically while abroad. Upon completing the workshop, students take a quiz, and then receive an Oath that they can sign to bring with them, explaining their level of training, and that they will not participate in direct patient care because they are global ambassadors for patient safety. This Oath was developed in response to University students explaining that they were uncomfortable saying no, when they were being invited to do things that they were not trained to do. The students themselves were unaware that the hosts often viewed them as medical students.

The tool has been used in a variety of ways. The tool is open access and found on the Health Careers Website www.healthcareers.umn.edu. A number of colleges and

universities use the workshop, either for working directly with students, or embedding the workshop into an existing course or orientation for study abroad. At the University of Minnesota, the Learning Abroad Center developed a policy that requires any student who participates in a health-related study abroad program to complete the workshop as part of the formal preparation for departure.

In addition to developing the Global Ambassadors for Patient Safety workshop, the University of Minnesota worked with the Forum on Education Abroad to develop guidelines for the development and implementation of Undergraduate Health-Related Programs Abroad (www.forumea.org/guidelines-for-undergraduate-health-related-programs-abroad). Those guidelines can be found on the Forum website. The guidelines are especially useful when working with pre-health student groups. Advisors can help students understand that not all organizations follow the same ethical guidelines and may provide experiences that are inappropriate for untrained undergraduates. In addition to the Forum Guidelines, the Working Group on Ethics Guidelines for Global Health Training (WEIGHT) has also created guidelines that are relevant for both undergraduate and medical school students (Crump and Sugarman, 2010.)

Finally, the HCC is developing an online toolkit for health professions advisors, study abroad advisors, study abroad programs, and even host sites – including sites that may host pre-health students in hospitals or clinics. The toolkit is designed to provide information to help raise awareness and educate each other on topics associated with pre-health study and experience abroad. The toolkit can be found on the HCC website, and is also an open access tool.

There continues to be many discussions at both the undergraduate as well as professional level as to what students and trainees should be allowed to do or not do. In this country there are many rules that restrict direct access to patients by untrained individuals. As pointed out previously, many other countries, especially under-resourced communities, lack the same level of oversight.

This lack of oversight should not be construed as an invitation for untrained students to treat patients elsewhere in the world. This is indeed an opportunity to teach our students about important ethical considerations, especially when working with vulnerable populations. It is also an opportunity to begin to enlighten our students to global health ethics, professionalism, scope of practice and other issues they will need to recognize as health professionals.

It is with the knowledge that there is an increasing number of health issues that transcend national boundaries and require solutions from health professionals who have had global health experiences that we encourage students to study abroad. However, we encourage students to recognize that a) practicing any form of healthcare without a license is both unethical and most likely illegal; b) gaining a global perspective and learning about culture and health does not need to be accomplished in a healthcare setting; and c) to be competitive for a future health profession program, start building the skills expected of professionals who recognize and follow both a code of ethics, and knowledge of working within a defined scope of practice.

Finally we call on health professions advisors to recognize their own responsibility in guiding students in making good, ethical choices when choosing experiential activities abroad.

References

- Hadis, Benjamin F. (2005). Why are They Better Student when They Come Back? Determinants of Academic Focusing Gains in the Study Abroad Experience. *Frontiers: The Interdisciplinary Journal of Study Abroad*. August, 2005 www.frontiersjournal.com/Frontiersbackissaug05.htm.
- Crump JA, and Sugarman J. (2010)., Working Group on Ethics Guidelines for Global Health Training (WEIGHT). Ethics and best practice guidelines for training experiences in global health. *American Journal of Tropical Medicine and Hygiene*. Dec: 83(6): 1178-82.