APHA Roundtable 2014: Evaluating the Ethics of Global Health Training Programs

Background and Issues: There is desire for students and providers to assist with global health programs in providing health care to vulnerable populations. Unfortunately, there is little research on the ethical practices of these programs and the need for sustainable partnerships. Ethical practices need to be identified related to the experience and scope of service providers/trainees along with the expectations of the host facility.

Description: A large Midwestern university has recently partnered with a clinic in Malawi. This clinic serves an impoverished population and hopes to create a sustainable partnership with the university. With the partnership, being in its infancy, there is much to learn in how to facilitate a grassroots effort to support the goals of the clinic along with creating a positive learning experience for the students.

Talking Points:

1. **Pre-emersion**—5 meetings with students/providers/mentors; reviewed objectives, expectations of culture/behavior, duties and training to perform clinic tasks
    a. Students taught how to take vital signs, test for Malaria, glucose monitoring including universal precautions to prevent transmission of communicable diseases
    b. Reviewed potential health threats/illnesses and safety issues with students
    c. Students were given a guide with all information to bring to Malawi to guide them.
2. Members of team: University Faculty with 8 health science major students, one nurse school faculty/nurse practitioner with 4 undergraduate nursing students; one RN, one chiropractor, and one additional nurse practitioner.
3. **Objectives:** provide care for clinic patients for 5 days of trip-
    a. Students: perform basic triage/VS/Malaria tests/Glucose testing/help with directing patients to providers
    b. Providers (3-including clinic provider)-see all ages of patients; treat form communicable illnesses, other chronic illnesses (heart disease, HTN, asthma,

HIV) in addition to common bacterial/parasitic infections. Performed basic in-office procedure-injection, I&Ds, dressing changes

c. Additional members-provide additional support to clinic staff, re-stock clinic with donated supplies, help support neighboring school with activities

Lessons Learned:

1. **Immersion**-Group stayed in the community serving to be visible to the community/potential patients; group ate local cuisine to experience Malawi; students were to journal daily on their experiences; Mentors were to be available to teach and help students understand experiences; Nightly de-briefings were to take place to discuss things seen/experienced from the day.
2. **Post-emersion**-one meeting afterwards to evaluate and review experience
3. **Three successes with experience:**
    1. Saw over 1000 patients (by all providers) in 5 day program
    2. Connected with community/cultural needs to instill trust in patients to return to clinic as directed, etc.
    3. Helped to provide students with unique international opportunity to work within and see patient needs/cultural differences/disease processes that are unique to Malawi
4. **Three problems with experience:**
    1. Did not have enough mentors for students. Only 3 professionals to 12 students; 2 of these professionals were seeing patients continually and could not mentor and teach students as had been anticipated
    2. Host expectations were not completely known for the trip; conflicts did arise later in the trip due to miscommunication/misinterpretation of needs
    3. There was not an adequate nightly de-briefing for students to discuss the things they saw/experienced at the clinic/around the community. This lack of discussion did lead to some emotional stress of students by then end of the trip.

Talking Points for service learning trips in general:

1. What is our motivation for being there?
2. What is the expectation of the host?
3. Is the planned service-learning trip truly appropriate for all parties involved?
4. When planning the trip are the core elements addressed; ie. safety, clinical activities, reciprocal learning, cultural exposure, worldviews, knowledge and readings of host country, appropriate behavior, types of clinical problems seen, politics of area
5. Are host sites and activities self-sustaining for the population served?
6. How do we (outsiders) promote self-sustaining activities within a given setting?
7. How might our activities create barriers to host site being self-sustaining?
8. Are clinical activities and learning experience truly reciprocal?
9. How to help without hurting; *prima non nocera* ("first do no harm")
10. How to get students their needed experiences not at the expense of the host/people.

Recommendations: Incorporating the recently published Working Group on Ethics Guidelines for Global Health Training Programs (WEIGHT) in addition to acknowledging needs of the host organization and University faculty/student will provide a continuing foundation for partnership. Finally, proper pre-immersion, immersion, and post-immersion training for the team are essential for future successes of the service program.

1. Johns Hopkins Berman Institute of Ethics-Ethical Challenges in Short Term Global Health Training; Case Studies: http://ethicsandglobalhealth.org/
2. Crump, J., A., Sugarman, J., & The Working Group on Ethics Guidelines for Global Health Training (WEIGHT). (2010). Global health training: Ethics and best practice guidelines for training experiences in global health. *American Journal of Tropical and Medical Hygiene,* 83(6), 1178-1182