

## ■ Students Going Abroad for Service-Learning Experiences: Questions Considered

*Evaleen Jones, MD*

**T**here has been an exponential surge in health professions students participating in Global Health service-learning programs. Not surprisingly, this phenomenon is primarily student-driven. What are the motivations for these students? What outcomes should be expected? What are the ethical issues to be considered, and how can we ensure that the experience benefits the community as well as the students themselves?

Because such experiences are often outside the student's comfort zone, they offer a natural and rich platform for personal transformation. A quality program should include pre-trip planning, on site logistics, supervision and safety. Equally important is developing an intentional framework that shapes the student's expectations and offers a curriculum for self-reflection and self-awareness. These key elements of Professionalism, including cultural humility and empathy, are increasingly important qualities sought in health professions applicants.

Outlined below are some of the most frequently asked questions regarding international service-learning programs::

### **What is Global Health?**

Global Health is an all-inclusive term for the new backbone of human, social, economic, and health development. (Anvar Velji, MD, Jack Bryant) It combines human rights, justice, and fairness to achieving well being of the global person.<sup>1</sup> It increasingly includes the 'health of the globe' and taking a hard look at how industries and country policies can be adjusted to reduce global warming

and the acidification of our oceans. I sense a shift in the paradigm of medical education, one from 'Primum no Docer' (First Do No Harm) to 'Primum, non Tacere' (First, Do Not Remain Silent). I am convinced that a student rotation in the developing world is a good place to start that process.

### **What accounts for the incredible explosion of Global Health service learning (GSL) experiences for undergraduates and medical students?**

The landscape defining international education has been transformed beyond the traditional Semester Abroad Program with instant and direct access to individuals and communities around the world. Students have the far corners of the world "at their fingertips" and inspirational stories like *Mountains Beyond Mountains* (Tracy Kidder's book on Paul Farmer) make the Albert Schweitzer dream seem like a real possibility. Students seeking to arrange an international experience are driving the demand and if their school does not offer such a rotation, they are quick to find one on their own. Students have always been the greatest catalyst for change. They have the idealism, dedication, and energy to challenge the status quo on educational paradigms. It is our responsibility as health professions advisors to guide the students toward the appropriate sites, define educational expectations before they depart, and oversee the logistical framework while studying abroad. There will always be students who desire to spend part of their training gaining experience in an underserved community. This can be a very good thing for the student in many ways, but we want to make sure it

*Dr. Jones is Associate Professor of Medicine at Stanford University and Founder and Medical Director of Child Family Health International (www.cfhi.org). She has 20 years experience with community-based Global Health education. Dr. Jones presented a Hot Topics Session, "Health Professional Students Going Abroad. Opportunities, Challenges, and Lessons Learned" at the 2008 National meeting in Chicago. Address correspondence to Evaleen@stanford.edu*

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is a very good thing for the resource-poor host community as well.

**What makes a program “appropriate”?**  
**What are some of the characteristics we should be looking for?**

Many of these are short-term experiences due to student’s availability and so it is critical to find a program with long-standing relationships with the in-country program providers. This shows that the program has the experience to deal with all the eventualities that occur when students travel abroad and it shows some sustainability. If a program has good, long-standing relationships, the likelihood that they have addressed many significant issues and built good partnerships is also there.

It is helpful to know the program’s logistical and ethical framework and the institutional partnership’s financial architecture. Is there a true partnership? In what way does the local community benefit from hosting the students?

### LOGISTICS

Is there a comprehensive program in place that covers at least: pre-trip planning support, an orientation guide, adequate living arrangements, safety precautions and emergency protocols?

Are the in-country workers (local coordinators and medical preceptors) familiar with hosting US students? This sometimes means dealing with the parents of the students as well. Are they trained in dealing with demanding and sometimes angry parents? Even though CFHI participants are over 21 years of age, in many cases, their parents still play a major role in all planning and decisions.

What kind of emergency communication plans are in place? Do the students all have cell phones (where possible) in case of emergencies?

What does a typical day of student activities include and who oversees their attendance and performance?

Are local health practitioners prepared to receive students? Precepting does take time so finding the right

health professional is important. Just because someone is a good doctor does not mean that s/he is a good teacher.

### DIDACTIC EMPHASIS

- ▶ What are the learning objectives of the program?
- ▶ Are the students required to participate in ‘on-line blogging’ with faculty back home?
- ▶ Does the curriculum include self-reflection and journaling?
- ▶ Is there a pre and post-test for language skills improvement?
- ▶ Is there an evaluation form for the rotation?

### SERVICE-LEARNING ETHICS

- ▶ How does the partnership benefit the community?
- ▶ What burdens are being placed on those communities?
- ▶ How is ownership of the project defined?
- ▶ Are the health initiatives grassroots and community-based?
- ▶ Who is setting the agenda for the student’s daily activities and who makes the decisions to modify the curriculum or learning activities if they need to be improved?
- ▶ Is there a mechanism in place for the ‘global preceptors’ themselves to identify their strengths and weaknesses?

Visiting health facilities in a foreign culture as a student (no matter what level) means that the ability to do active service is limited, and may in fact be extremely limited. How is this reality addressed by the program? What structured opportunities are there for service? Active observation can be a service in itself. When a student observes, it means learning about culture, culture’s influence on medical care, and documenting disparities of care with real life examples. The student is gaining the information and experience to be an advocate for the underserved community both at home and abroad.

### FINANCIAL TRANSPARENCY

- ▶ How are the ‘global preceptors’ being compensated for their time?
- ▶ If the students are paying tuition in exchange for academic credits, what percentage is going to overseas support and faculty salaries?

- ▶ We may not be able to answer all of these questions, but by raising them with our students we demonstrate the value that should be placed on a community's time and local resources.

**What are some of the common mistakes that we should be aware of as we prepare our students to go abroad?**

### STUDENT MISCONCEPTION OF THEIR ROLE

Many students have the misconception that they are going to 'help' and 'be of service' to the communities when in reality, most of the time they receive much more than they could possibly give. Many years of experience have taught us that the success of the program is inversely proportional to a student's expectations; the student's intention must be reshaped to align with the needs and wishes of the community.

### INEQUALITY OF POWER IN THE PARTNERSHIP

We need to be mindful of the potential power differential between academic centers and the communities where the service-learning experiences take place. It is common that individuals approached by well-intentioned Western educators are so eager for assistance that they often do not set many limits or guidelines on the terms of the relationship. To offset this imbalance, the focus of the project must be grassroots, where the ideas are initiated by the local partners, and allowed to grow organically. There is an anticipated and natural tension between "service and learning" in community-campus partnerships but sometimes a university's priority of scholarship drives the agenda of the service activities and daily schedule.



In reality we need the participation of the local health professionals. Programs to be successful so we should approach them as equals. To enter an underserved area from a more developed country and start with, "How can we help you?" rather than, "We want our students to learn from your expertise", goes a long way to inverting the power dynamic.

**REVISED**

5:33 pm, Aug 03, 2009

Promoting sustainability starts with language. At CFHI, our experience is that too many needs assessments result in the local people being too focused on what they don't have and missing completely what they in fact do have. We therefore say that the student's focus should NOT be to identify "needs" "but to identify the strengths of a community." Identifying strengths and then building on those strengths to fill gaps is more than semantics; it allows communities to feel more a part of an initiative and to take ownership. To some degree, students are an extension the university. We must prepare our students to invite the partners to identify assets, encouraging them to explore solutions that optimize empowerment.

### BURDENSOME STUDENT RESEARCH AND EVALUATION TOOLS

Students participating in a Study Abroad Program may be required to complete a 'scholarly project', including an assessment, data collection, and impact evaluation. If this is to be the case, it is essential that the reporting is not burdensome to the staff and the community hosting the student and does not conflict with the agenda of the daily activities of the preceptors. Research should also be beneficial to the local community. Research that focuses on the requirements of the school and what the learner needs to accomplish is usually needs-based and does more to perpetuate the concept of dependence over the long haul than to generate real solutions.

**What is the value of an international experience when there is significant need in the student's own backyard? i.e. Why not just stay and work in the slums of NYC?**

First, whether inside or outside our own borders, we must remind our students that they should not expect their role, primarily or even secondarily, 'to fill a need'. Professors and students who appreciate that 'the world is a classroom' will enter the experience with gratitude and humility for being invited to share/learn from the local experts. This ethos needs to be part of the spirit, culture, atmosphere and climate of all Global Health Programming.

Second, while there are many places within the United States to work with underserved populations, there is simply no comparison in the U.S. to the level and the scope of absolute poverty (families living on a \$1-2 dollars/day) that is present in many parts of the de-

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veloping world. Such gross health care inequities and the complexities of the social, economic, political, and physical barriers to access offer a deeper perspective that is piercing and palpable.

Finally, quite frankly, some students are much more eager to go abroad than to work with the underserved within the US borders. With or without an advisor's assistance and support, these students will find a way to study overseas while in college or medical school. Let's take charge of the didactic framework that accompanies such service-learning experiences. Traveling to a foreign country is fertile ground for growth as one increases awareness and acceptance of different belief systems. Learning how to manage emotions 'outside one's comfort zone' and draw upon personal inner resources can lead to a transformational process that is priceless and immeasurable. From Albert Schweitzer to John F. Kennedy to Paul Farmer we have seen the lasting value of crossing borders.

*"Life in the Peace Corps will not be easy.... but it will be rich and satisfying. For every young American who participates in the Peace Corps — who works in a foreign land — will know that he or she is sharing in the great common task of bringing to man that decent way of life which is the foundation of freedom and a condition of peace."*

*John F. Kennedy*

**When is the 'best' time for students to go abroad?**

In my experience, the sooner the better! I firmly believe that the earlier we get students studying abroad, the greater opportunity for what I call 'systemic or cellular' change in that individual. But remember, the younger and less experienced students require greater supervision and more academic structure and content.

However, practically speaking, I feel the students should be at least 21 years of age (i.e. senior year of college or post graduates). This simplifies many of the logistical and technical aspects of pre-trip planning. As legal adults, the students can make decisions independently and maintain confidentiality and privacy. This is often the first time that a parent is experiencing their child traveling to a developing country and understandably they are very anxious and at times, overprotective. We encourage the parents to be involved and engaged in the student's experience, but

also urge students to find a site that is well structured and has a safety system in place.

**What resources are available and where can students look to find opportunities abroad?**

In 2008 the Stanford University School of Business Alumni Consulting Team spent more than a year examining the market of Global Health service-learning. While there are hundreds of smaller, institution-specific projects, there are only a few not-for-profit and private organizations that facilitate service-learning at the multi-country level.

There are numerous organizations that give advice to students in search of service-learning programs abroad. The first place to start would be with the Global Health Education Consortium (GHEC), a community of faculty and health care educators dedicated to global health education in health professions schools and residency programs at: [globalhealthedu.org](http://globalhealthedu.org). GHEC members are active in more than 70 health profession schools and training programs in the United States, Canada, Central America and the Caribbean. The GHEC mailing list includes more than 700 physicians and medical educators with other health disciplines increasingly involved. AMSA is also another good source for information. Their website has information on International Health Opportunities at: [www.amsa.org/global/ih/ihopps.cfm](http://www.amsa.org/global/ih/ihopps.cfm), and a Go abroad Toolkit at: [www.amsa.org/global/ih/toolkit.cfm](http://www.amsa.org/global/ih/toolkit.cfm). The Stanford study already mentioned found CFHI at: [www.cfhi.org](http://www.cfhi.org) to be the largest single organization for numbers of students going abroad each year.

**Are there guidelines available for emergency situations such as the swine flu, political unrest, medical emergencies and natural disaster?**

It is important to have good procedures in place that are known and reviewed by in-country staff. Having staff in the US that are available 24/7 is also critical, for while procedures are very important, real time communication is essential. No two events are exactly the same and procedures cannot foresee every nuance to a situation. CFHI has had a great amount of cumulative experience over the past 20 years dealing with crisis situations involving pre-medical and medical students attending rotations abroad. Students have encountered volcanic eruption in Ecuador, serious flooding and terrorist bombings in

Mumbai, India, altitude sickness, sickle cell crisis, traumatic injury (rickshaw accident), assault and robbery, and political unrest. There has also been stress related exacerbation of underlying mental disorders and medication related psychotic behavior in students.

### **Do you see this interest in global health slowing down anytime soon?**

Not in the near future. There is an increasing urgency to train more health professionals (physicians, nurses, and veterinarians) as we anticipate the threat of emerging diseases such as SARS, Avian/Swine Flu, and multidrug resistant tuberculosis (MDRTB) crossing international borders. The Institute of Medicine in Fall 2008 reported that the United States “needs to spend more money to help improve the health of people around the world.” Ruth Levine, Senior Fellow and director of programs at the Center for Global Development, added “the U.S should double its annual multi-billion global health programs by 2012.”<sup>22</sup> Furthermore, the consequences of global warming are sending more and more scientists (and students) to remote areas of the world.

### **What should be the underlying objective for students who participate in a service-learning program abroad?**

Given what we have discussed, students should have realistic objectives. They will differ from the general service-learning goals. At CFHI we have the following basic objectives:

- Develop a larger sense of cultural humility
- Observe and develop existing clinical skills
- Broaden public health knowledge
- Develop creativity in problem-solving
- Deepen their commitment to service
- Promote medical supply conservation

Beyond this, we have the following hopes for our participants’ personal development?

- Identify & deepen one’s humanism and cultural sensitivity
- Improve self-reflection skills and increase self-awareness
- Explore issues of social justice
- Transform one’s perspectives about themselves, global health, healing, and the meaningfulness of relationships with patients Allow this personal transformation to impact one’s professional career

Applying to medical school is a rigorous and sometimes alienating effort. Studies show that as physicians continue through medical training they slowly lose their sense of idealism and humanity. Part of our work is to remind students that “All that they do is not all that they Are”... and that connection with others and passion for their work are key elements of the human spirit. A meaningful service-learning experience abroad can help foster their understanding of this and give them the **support** to maintain their idealism and humanity.

### **References**

1. Velji, Anjar and Bryant, John. Global Health Ethics, Chapter 16 from *Understanding Global Health* by Marke, William, Fisher, Melanie and Smego, Raymond. MacGraw-Hill, 2007.
2. Center for Global Development on-line newsletter, [www.cgdev.org](http://www.cgdev.org)

