

■ Do you GASP? How pre-health students delivering babies in Africa is quickly becoming consequentially unacceptable

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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 in low and middle-income countries (abbreviated LMICs; also referred to as “developing countries”). Students’ motivations include bolstering medical and other health professions school applications, the desire for hands-on patient care experience, and in a misguided sense of wanting to help others by providing medical care.¹ Despite US Department of Justice affiliated guidelines that undergraduate students placed in health-related settings abroad “[limit] their patient-interaction to the same level of patient/community interaction that they would have in a volunteer position in the United States”, advisors hear all-too-common accounts of students undertaking activities that would not be allowed in domestic healthcare settings.² In the name of “helping” and “learning”, students are undertaking activities that put patients, the student, as well as sending and receiving organizations, in jeopardy.³

There is no doubt that there is a huge shortage of health care workers in many locations around the world. The argument that unlicensed international students can be used to augment the provision

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-level students from the US or anywhere, for that matter, being a solution to addressing these huge and important challenges.⁴ It is helpful to understand the global HRH efforts that are underway in order to challenge the logic that undergraduates are, at their current level of training, part of the solution to the dearth of physicians, nurses, and healthcare workers worldwide. Moreover, appropriate supervision of students at any level of training takes net time and effort compared to outputs by the trainee. This is due to necessary redundancies and supervision that anyone with trainee status requires. Making progress in community health status, individual patient care, and other health development requires concerted longitudinal engagement, professional level expertise, data collection and monitoring.⁵ In addition, many stakeholders have pointed out that students accessing hands-on patient care under the guise of learning or practicing that is beyond their educational level is unprofessional and goes against the very social justice principles that concerned students and enabling organizations purportedly aim to address.^{5, 6, 7} One recently created

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group is connecting the dots and educating stakeholders, particularly the health professions admissions communities, about the unintended motivators that encourage pre-health students to overstep professional, ethical, and patient safety boundaries abroad.

Convened in fall of 2014, the Working Group on Global Activities of Students at Pre-health levels (GASP) draws from 15 disciplines, within and beyond the health professions, and over 30 institutions.⁸ The aim of the Working Group is to educate health professions admissions' communities about guidelines and policies that exist for undergraduate pre-health students in international settings. GASP highlights approaches taken by select admissions committees that probe the nature of international activities undertaken at pre-health levels. These admissions committees scrutinize the competencies developed and ethical/professional boundaries either maintained or disregarded by the applicant.⁸ GASP also exposes how vague language promoted by medical school recruitment efforts and found on admissions websites and in outreach materials may give the impression that premature hands-on patient care abroad actually aids applicants in gaining admission.

In order to describe advisors' sentiments about international activities undertaken by pre-health students, the GASP Working Group has recently conducted a study. Preliminary results indicate that 85% of advisors surveyed have encountered pre-health students going abroad to obtain hands-on patient care experience. Additionally, 89% are somewhat or very concerned about pre-health students having hands-on patient care experiences abroad.⁹ Many advisors have stories attesting to the range of direct patient-care experiences undertaken by undergraduate students. The below table provides a few stories gathered by the GASP working group.

<p>Advisors recount hands-on patient care and professional level activities undertaken by undergraduate students while abroad</p>
<p>I have had a student who traveled to Africa and, after observing 2 lumbar puncture procedures, was permitted by the physician in charge to perform more than 100 of these procedures on patients over a 6-week time period. I inquired whether or not any of her "patients" experienced complications from these procedures, and she admitted that she did not know the answer.</p>

<p>One of my pre-medical students did not speak or understand the native language of the physicians, other local healthcare workers, or the patients. She was permitted to diagnose and write the prescription for this patient. She "thought" she had cleared the proper prescription dosage with the local physician; however, the dosage she had written was 100 times stronger than what should have been prescribed.</p>
<p>A group of undergraduates was put in charge of reading slides to diagnose patients with malaria. A couple days into the students doing this, it was realized that they were reading the slides incorrectly and had mis-diagnosed dozens of patients.</p>
<p>I have had an undergraduate student who was encouraged to scrub in and suture portions of the patient's harvested saphenous vein to bypass the blocked portions of the patient's coronary arteries during an open-heart bypass surgical procedure in India. One of his relatives procured this opportunity for the student upon learning that this undergraduate student hoped to eventually become a cardiothoracic surgeon in the US.</p>
<p>Having paid for a healthcare internship experience in a Caribbean country, I have had students assist in the vaginal delivery of babies who presented in the breech position. On occasion, these babies have died within a short period of time after the delivery.</p>
<p>A student was handed a newborn infant and given the job of performing the physical exam although she had never done one or been trained. She then stuck the infant 4 times to check the blood sugar and broke at least one needle.</p>

Best practices, policies, and ethical standards exist that apply to undergraduate students in health-related settings abroad. However, not every sending, host organization, or university is aware of or adheres to these guidelines. The Forum on Education Abroad is the Department of Justice endorsed standard-setting body for international education. Their "Guidelines for Undergraduate Students in Health-Related Settings Abroad" are comprehensive and provide clear direction prohibiting the activities advisors are reporting.² Selections from the guidelines include the following requirements of programs that place undergraduates in health-related settings abroad:

- Match student capacity including knowledge, skills, and competencies with the capacity necessary for the experiences they are engaged in so patient and community well-being are not compromised;
- Ensure students receive training that articulates and limits their patient-interaction to the same level of patient/community interaction that they would have in a volunteer position in the United States;

- Ensure learning and development outcomes are appropriate for undergraduate students;
- Ensure learning outcomes focus broadly on professionalism, standards of practice, ethics, cultural competency, language proficiency, community health, patient safety and personal safety;
- Clearly distinguish between the learning role and the service role of students and ensure any student service is within their scope of training and education.

The American Association of Medical Colleges (AAMC) has also approved “Guidelines for Premedical and Medical Students Providing Patient Care During Clinical Experiences Abroad” which cautions students.¹¹ The American Dental Association passed resolution 31H-2010 which states that pre-dental programs should adhere to professional codes of ethics and that students must be properly trained and educated to perform procedures.⁶ Despite the existence of multiple guidelines and policies, these concerning activities continue.

There are many stakeholders involved in this very complex issue. Universities and colleges, study abroad offices, third party providers, host organizations, health professionals, pre-health advisors and even students are all actors. The GASP Working Group set out to identify the list in an effort to engage all stakeholders to achieve congruency between student actions and best practices. In an effort to understand the push and pull factors of each stakeholder, GASP is trying to describe the goals and motivations of each group.

Students often approach global experiences from a place of well-intended, but naïve, excitement. In a desire to help, they are routinely seeking experiences that allow them to directly engage with patients. In an effort to respond to the student demand, both university-based study abroad programs and third party providers want to attract and serve students and provide experiences that will be interesting and valuable. Some facilitating organizations are recruiting students by highlighting how they can provide clinical care and improve healthcare during programs abroad. Host organizations in-country are often trying to please students and nurture relationships with sending organizations. On occasion, host organizations are unaware of what types of experiences are relevant for undergraduate students or lack clarity on the level of education of each student. When host organizations identify opportunities for students in health-related settings, they are often assuming that the health professionals supervising the students (that is, if there are supervisors) know how to provide appropriate, safe and ethical experiences for students.

Other stakeholders include the health professions admissions committees, staff and processes therein. Many health professions schools articulate admissions requirements in a way that suggests applicants need clinical or patient-care experience. For example, one admissions website answers the question “How to be a Competitive Candidate” by saying “[you] should show that you have learned about the profession through clinical experience with patient contact.”¹² These terms are rarely, if ever, defined, leaving students to arrive at their own conclusions. Pre-health students, in turn, make incorrect assumptions about the types of experiences they should have and seek opportunities to practice beyond their level of training and expertise. Moreover, clinical shadowing is a common requirement of medical school admission. While shadowing opportunities in the US become increasingly difficult to secure, students seek to fulfill shadowing requirements abroad. Unless very closely regulated, shadowing experiences abroad can turn into hands-on patient care experiences for a variety of reasons including less bandwidth to enforce limits, lower provider to patient ratios, and a desire by hosts to excite students.

The most important stakeholder in this entire situation is the vulnerable and unsuspecting patient. This becomes particularly apparent when US students travel to under-resourced communities where patients are unaware that pre-health students are not actual health professionals (very often pre-health students are even wearing white coats or scrubs). Patients rarely give consent for the student to be present or involved. The patients put trust into these young, US students assuming that they will be cared for with the same quality of care or better care than they receive from their own healthcare providers. These patients are vulnerable and trusting - often across cultural and language barriers.

When students perform activities for which they have not been formally trained, they put patients, themselves, their institutions, and global relations at risk. Students overstepping boundaries is the result of a perfect storm. The perfect storm is made up of the following factors:

- Driven students
- Unclear admissions criteria
- Resource-limited health settings
- Lack of clarity about students’ level of training
- Lack of oversight for visiting students
- Providers marketing of voluntourism and embellishing the impact students can have and clinical activities that they can take part in
- Faculty and advisors feeling impotent or not knowing what to do to support students and/or how to

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encourage ethical and safe limits around clinical activities.

Advisors have the potential to play an important role to influence this *perfect storm*. Tactics advisors can use to inform students and re-direct misplaced good intentions include:

1. Self-educating on this issue: Using the many resources that are available to advisors, including the open-access Advisor Toolkit for Global Ambassadors for Patient Safety at the University of Minnesota.
2. Educating pre-health students that there are many domestic opportunities to observe clinical care for multicultural, underserved populations in settings where there is appropriate enforcement of boundaries to prioritize patient safety, student safety, and ethics.
3. Emphasizing the privilege of observing in clinical settings anywhere, educating students to understand the intimacy of the patient-doctor/provider relationship and how engaged observation is a very special opportunity.
4. Encouraging any pre-health student who is undertaking an international health-related activity to complete the Global Ambassadors for Patient Safety (GAPS) modules that are free and online through the University of Minnesota.¹⁴ The modules culminate with an oath that students must sign.
5. Highlighting for students the existence of inter-professional global health competencies for undergraduate students that provide a map to guide student development through global health activities and focus beyond clinical care in 11 domains of competency, including communication, burden of disease, and ethics.¹⁰
6. Pointing out the existence of best practices and guidelines to students, including those from the Forum on Education Abroad, American Association of Medical Colleges, and American Dental Association.
7. If students have participated in international programs and breached professional, patient safety, and/or ethical boundaries, advisors can encourage honesty, facilitate reflection, and encourage students to express sincere humility and reframe their experiences to reflect what they have learned.

Advisors are uniquely positioned to advocate for changes that will both result in appropriate pre-health student learning abroad and expose the unnecessary risks for patients and students alike in the current dynamic. Advisors can and should be a collective voice to influence the variety of stakeholders. Advisors can support the work of GASP by calling for admissions website language that has greater clarity with regard to desirable and appropriate pre-health

professions experience. Secondly, advisors can point out to students the best practices, guidelines and policies that exist, emphasizing that embodying professionalism is a must for future health care providers. Advisors are well positioned to raise awareness of interprofessional global health competencies and target knowledge, skills, and attitudes for anyone concerned about global health. Lastly, advisors can call on health professions admissions committees to be careful to not inadvertently incentivize unethical, unprofessional, or illegal activities either during the written application or interview processes.

The GASP Working Group is the product of a pre-health advisor who said “You can talk ‘til you are blue in the face about ethics. But as long as students think these activities will get them into medical school, they will keep doing them.” As a community that cares about the integrity of future health professionals, the well-being of patients, and the improvement of health for communities both at home and abroad, pre-health advisors can be a force to shed sunlight on this perfect storm.

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