

■ Advisor perspectives of pre-health students experiences abroad

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Introduction

There are over 50,000 students who apply to medical schools in the US every year of which less than half will get into medical school (AAMC, 2019). There is growing evidence that students, including undergraduate and pre-health students, are taking part in hands-on clinical patient care in resource-limited settings, including low and middle-income countries (Evert et al., 2015). This occurs under the auspices of various activities including volunteering, global health education, internships, service-learning, and more. It is recognized that pre-professional students providing hands-on professional-level clinical care is against best practices and professionalism standards in global health, international education, ethics, patient safety, medical education, human rights, and social justice (Crump & Sugarman, 2010; Pinto & Upshur, 2009; Melby et al., 2016; Forum on Education Abroad, 2018.; Maxwell & Webb, 2019). When considering stakeholders in this arena, pre-health advisors are well positioned to guide students about what is inappropriate while abroad (or locally in resource-limited settings). In addition, this group of advisors interact with a majority of pre-health students and can characterize the frequency and nature of students taking part in hands-on

patient care (Crump et al., 2019). This study aims to understand the prevalence of pre-professional students seeking hands-on patient care abroad, advisors' perceptions of students' activities abroad, as well as advisors' level of confidence guiding students in this regard.

Methods

Utilizing a 21-item online survey supported by Qualtrics, we collected responses from August to September 2016. We used snowball convenience sampling via listservs and email lists to reach mainly US-based pre-professional/pre-health advisors. The study was deemed exempt by the University of Minnesota Institutional Review Board (IRB). Quantitative analysis was conducted in SPSS. Chi-Square tests were conducted to look for associations between advisor characteristics and perceptions about students' global health experiences ($\alpha=0.05$). Qualitative data was analyzed with an emergent theme content analysis. ("SAGE," 2008) Qualitative data was reviewed line-by-line, and researcher JS developed an initial set of 7 codes. This was further refined in an iterative fashion into 4 coding categories with researchers SP and TT. Coding was undertaken by TT, LY, SP, and WE. JE reviewed coding for inter-coder reliability and resolving inconsistencies.

Results

180 advisors responded to the study, of those 98% are located in United States. A variety of US regions were represented. 48% of the sample had advised for over ten years (Table 1).

	Frequency	Percent
Advisor Age		
18-25	1	0.6%
26-34	41	23%
35-54	86	48%
55-64	32	18%
65 +	19	11%
Location of Advisor (US Regions)		
West	73	41%
Southeast	17	9%
Midwest	53	29%
Northeast	28	16%
Southwest	6	3%
Does not live in the continental US	3	2%
Years Advising Students		
1-5 years	54	30%
6-10 years	39	22%
10+ years	87	48%
Missing	0	
Type of Students Advising		
Undergrad liberal arts	70	39%
Undergrad pre-med/pre-health	154	86%
Undergrad science and engineering/IT	60	33%
Graduate	50	28%
Professional student medicine and health professions	47	26%
Professional-law	3	2%
Other Students	22	12%

Table 1. Characteristics of Sample (N=180)

82% of advisors encountered pre-medical/pre-health undergraduate students going abroad in order 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 ($p=.008$).

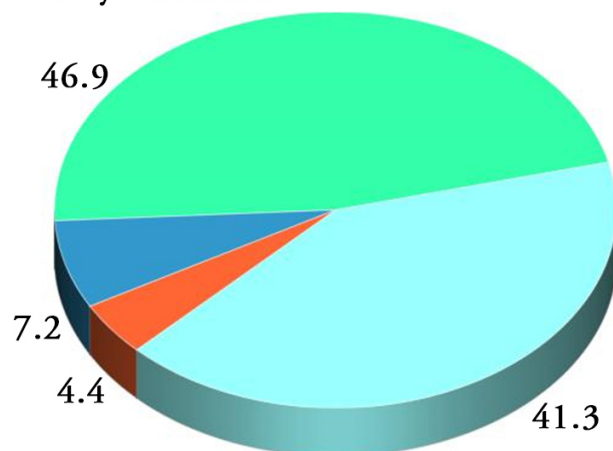
Qualitative data revealed concerns advisors have about international health-related experiences for pre-health students are centered around four main themes:

1. Concerns about programs that facilitate such experiences

2. Concerns regarding the impact hands-on clinical experience has on local patients/populations/ stakeholders
3. Concerns about student actions and how those reflect back on the student with regard to future educational/ career pursuits
4. Concerns about preceptors and supervisors during such programs.

Advisors degree of concern with pre-medical/health students getting hands-on patient care experience abroad

- Never thought about it
- Not concerned
- Somewhat concerned
- Very concerned



The most common overarching nature of concerns, regardless of theme, was regarding the ethics and safety of international pre-health experiences. As one advisor notes, “[My concerns are] *Ethical -- doing things they are not qualified for. Safety -- naive and going to dangerous areas with no idea of what they are getting into;*” and another comments “[My concern is an] *ethical quandary of seeing patients in other countries as "experimental subjects" or as not worthy of the same level of professional care.*”

Complex interplays of ethics, implicit bias, and power/ privilege were evident in select advisors’ responses.

“Wide variance in patient protection from unlicensed, unsupervised persons providing medical care. Having privileged people use the bodies of unprivileged people for their own advancement or adventure. The experience benefitting the person who is already privileged. Selfish attitudes of students

who are there for their own goals and not to provide service or work WITH marginalized or vulnerable people. Photos and stories from students focus on the "white savior" images instead of calling out injustices and provoking complex analyses of why things are the way they are in the world."

"I am extremely concerned that students are unsupervised, ill-prepared, not integrated with the local and national systems. The worst I have seen have been medical students and residents who think it ok to practice on people who are in low-resource settings. Other cadres are also guilty, but medicine seems worse."

"Without any framework or knowledge for what they are doing, these students should not be experimenting on providing care to individuals using a humanitarian justification when there are alternative models and more respectful sustainable approaches."

With regard to programs and organizations that facilitate such experiences advisors expressed concern about discerning appropriate programs, particularly those that are not affiliated with a university:

"[I am concerned] that students will participate in programs that have students engage in activities for which they are not trained."

"I don't want to endorse any experience that isn't ethical and I am not sure how to evaluate programs effectively."

"For programs not associated with our university, sometimes students are allowed to perform simple procedures that borderlines the ethics of what undergraduate, inexperienced students should be allowed to do."

"[I am concerned with] how to get information out to students who are setting up these experiences outside of the college (mission work)."

However, other advisors seemed unequivocally enthusiastic about these opportunities, expressing concerns about students "finding opportunities" and "getting the word out, and helping students understand how to finance these options."

Advisors commented that the ethics and safety of the activities of students is related to which programs they participate in.

"[I am concerned] that students will participate in programs that have students engage in activities for which they are not trained."

"I am concerned that students are "pressed" into doing things that they are either uncomfortable with or that they don't understand the implications of while participating in the experience. I am concerned with the lack of oversight for many of these programs."

"I do not want untrained students to be held to anything near the standard of a trained health professional."

"Students participating in programs that are advertised as being shadowing only (Hands off) programs and instead getting hands on experience when they are in another country."

While others emphasized the responsibility of the student.

"Some students are putting themselves in positions where they are assisting with procedures that they are not trained to perform or be involved with."

"This is an issue that can be handled well or very poorly depending on the student. When I see students I am concerned about, it is often because they seem to have a sort of "savior" attitude to the countries and people they worked with abroad, as if our medical system and our way of caring for patients is automatically superior. I have seen this feed a distasteful cultural insensitivity which we definitely do not wish to see in our health and medical students. Sometimes it can be beneficial when students are humbled by the amount of information and many types of care they want to learn and still need to learn. This can be appealing, so I would say it often depends on how the student understands and frames the experience they had."

Some expressed concerns regarding the impact hands-on clinical experience has on local patients/populations/stakeholders, advisors noted:

"[I am concerned with] the disrespect of our citizens to those citizens abroad. The dangers that could result - poor health outcomes for patients, loss of jobs for in-country healthcare providers, the loss of funds from a country that relies on volunteers, and much more."

Frequently advisors voiced overlapping concerns for students and patients:

"My concern is that the student will do harm to themselves or, more importantly, the patient, because the guidelines for what they are expected to follow are not clearly communicated, and they get themselves into a situation where they overstep their boundaries."

Advisor perspectives of pre-health students experiences abroad (continued)

"Students believe that this experience is a huge resume-builder, but are unaware of or ignore the risks to self and patient and ethics involved."

Advisors expressed concerns about student actions and how those reflect back on the student with regard to future educational/career pursuits, for example:

"Depending on the extent of their experiences, I do not believe that a lot of the care they offer is ethical. And students do not always understand that just because they can deliver a baby or help pull out a tooth in Africa or Mexico, it doesn't mean they should. I think they misunderstand the value that professional programs will place on those experiences, too: "They are going to think I'm going to be the best dentist because I've already drilled someone's tooth!"

"[I am concerned with]how will those experiences draw them to a health profession or frighten them forever away."

Advisors emphasized the role of supervisors in two distinct ways- either as a problematic enabler or a permission granter.

"Students are naive and good-hearted. They will generally do whatever the medical person in charge tells them to do. Students have reported situations that are unethical and potentially dangerous (health-wise and in terms of tainting their interest in careers in health professions). I have had students who told me about putting in sutures after dentist pulled teeth (no dental assistance training other than on site) in Central America; assisting with and eventually being the only health care person present during "uncomplicated" labor & delivery and putting in sutures post-delivery (South Africa), and doing intensive assisting of docs with only an afternoon of training (India)."

"I believe students are cautioned against hands on care, however they are able to make their own decisions and may choose hands-on care if a physician from another country says the student can."

"My only concern is that they don't practice any kind of patient care that they are not licensed for in the US. Medical schools I've talked to say that it is unethical for students to perform procedures that they are not licensed to perform even if the supervising doctor tells them it's OK."

"I am concerned about students having access to patients without adequate supervisions."

"Lack of consistency in regulations of pre-health students while abroad, aggressive tactics by companies to entice pre-health

students to go abroad for healthcare experiences, pressures by healthcare providers abroad for U.S. pre-health students to engage in hands-on healthcare activities and U.S. students agreeing in order to not disappoint."

"Do these students have proper training and supervision to do what they are doing? Do students exaggerate their levels of competence in areas of health care?"

Lastly, advisors commented on the dichotomy between the US-located opportunities and those abroad.

"While they may be delivering medical care not otherwise available, they are not deeply trained to do so, and usually would not be permitted to do the same procedures in the U.S."

"I tell students that what they are not allowed to do in the USA should follow in an experience abroad. They want to go because they think they can do much more "hands on" abroad."

"Ofentimes, students are allowed to do things abroad that they wouldn't normally be allowed to do in the US, given their lack of experience and training."

"If students plan to practice in the US and their activities are not allowed here, I believe it is not ethical for them to seek out these experiences in other countries."

"The abroad experience is fine, but some students see these short-term experiences as a substitute for getting ongoing experiences at home."

"Students seem to feel if they can perform activities abroad that they are not allowed to do in the U.S., medical schools will look more favorably upon their application. I have many conversations explaining this is not true."

Conclusions & Discussion

This study suggests undergraduate students are seeking hands-on patient care experiences abroad that concerns advisors on a variety of levels. This survey captured a wide-array of perspectives on where the responsibility for these activities lies, including with students, program providers, and direct supervisors. The type of hands-on patient care often accessible abroad is not allowed in the United States due to regulations, patient safety, professionalism, licensure, ethics and legal considerations. According to this study, many students are seeking this hands-on experience, at least in part, because they think it will bolster their medical school application. The field of medicine, and other health professions, are seeking applicants with competency in ethical responsibility

and integrity. Future doctors and health professionals are expected to embrace professionalism and medical ethics. In this way- undergraduate students taking part in professional-level hands-on patient care abroad is antithetical to the competencies expected of pre-medical and medical students.

This study captured four key areas of concern, as well as complex multi-level interactions between students, program providers, on-site supervisors, universities, health professions schools, and more. A multi-pronged approach must be employed to address these concerns on various levels and stakeholder groups. Further efforts need to focus on ensuring medical school admissions committees are clear with students that hands-on patient care responsibilities usually reserved for professional are not a boost to applications. Based on AAMC data, around 50% of admissions points of contacts report applicant involvement in invasive procedures in international settings as either harmful to, or of no value to Applications (AAMC, 2016). However, this data indicates that 50% of admissions points of contacts see these activities as either valuable or not harmful, despite multiple professional organizations, standards, and expert bodies declaring they are (Crump 2010, Rowthorn 2019, Forum on Education Abroad 2018, Martin 2019, AAMC 2011). Capacitating advisors to feel equipped to guide students is essential. In addition, institutions and organizations need to be held accountable when they are facilitating or promoting inappropriate patient care responsibilities from legal, ethical and professional perspectives (Rowthorn, 2019).

Acknowledgement

We would like to acknowledge the contribution of Jenna Saffin to this research.

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