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Some Health Programs Overseas Let Students Do Too Much, Too Soon

By Karin Fischer

Students often get the chance to pick up a new language or learn to navigate a strange city while studying abroad. Mary, a pre-med student at the University of Minnesota, helped deliver a baby.

She was so proud of the experience, which occurred during a visit to a health clinic in South America as part of a trip sponsored by a student organization on the Twin Cities campus, that she later wrote about it in her medical-school application.

Minnesota officials, however, were far from pleased. In fact, they included Mary's story (it's not her real name) in an online course they developed to highlight ethical and legal issues in health-related programs overseas.

Over the past decade, the number of American students in health fields going abroad has nearly tripled, with many opting for programs that take them out of the classroom and into clinics and hospitals. But as participation has increased, so, too, have educators' concerns.

Far too often, experts say, students are providing patient care—conducting examinations, suturing wounds, even delivering babies—for which they have little or no training. Indeed, as competition intensifies for medical-school slots, some students may actually be going overseas for hands-on experience they could not get in the United States, in hopes of giving their applications a competitive edge.

Instead, they could be putting their own health and that of foreign patients at risk, and putting colleges and study-abroad providers at risk of legal liability.

And they may end up hurting, not helping, their graduate applications, because many medical, dental, and nursing schools view such behavior as unethical and irresponsible.

"If you're not qualified to do something here," says Tricia Todd, a public-health instructor who helped create Minnesota's "Global Ambassadors for Patient Safety" course, "why would it be OK for you to do it abroad?"

Good Intentions

Ms. Todd, who is also assistant director of Minnesota's Health Careers Center, became aware of the issue several years ago, as students like Mary noted their international work in personal statements in their medical-school applications. One student wrote he had assisted in surgery while abroad; another had pulled teeth. Others had stitched wounds or given vaccinations.

Alarmed, Ms. Todd approached Martha J. Johnson, assistant dean for learning abroad at the university. Because many students were traveling on service trips arranged by student groups, Ms. Johnson's office didn't oversee them, but she, too, was concerned.

Untrained students could jeopardize their own health and the health of the very patients they're trying to help, the officials say. An errant stick with a dirty needle could expose a student to blood-borne disease. Improperly closed wounds can scar or become infected. Surgeries run the risk of complications.

Even taking on seemingly benign tasks can be dangerous. Inexperience could cause a student to overlook a worrisome sign on an otherwise routine health screening. Students have misdiagnosed patients' blood pressure as alarmingly high, only to realize later that the errant readings had been caused by using a pediatric blood-pressure cuff rather than an adult one.

As interest in global health grows, many students who apply to Child Family Health International, a nonprofit organization that runs health-education programs in six countries, are seeking to provide patient care. "I've had a student say to me upfront that she wants to deliver babies in South Africa," says Jessica Evert, the group's executive director. "I try to use it as a conversation

starter."

Students are often well intentioned, Dr. Evert says, and believe that no one else can meet the needs they see, especially in impoverished places.

There can also be misunderstandings about what students are prepared to do.

In almost every country except the United States and Canada, a medical degree is an undergraduate degree, notes José B. Alvarez, associate vice president for program management and development at CEA Global Education, another independent study-abroad provider. Thus, local practitioners may not realize that an American college junior has not had any medical training. (Some people believe that even medical students should not give hands-on care, because they have not completed their coursework, but others find it less problematic.)

When students dress in lab coats or hospital scrubs, they further blur those lines. "A white lab coat," Mr. Alvarez says, "signifies authority."

Also troubling, Dr. Evert says, is that students frequently do such work in developing countries without the rules or licensure requirements of wealthy or middle-income countries. South Africa, for instance, requires students to register with a professional board just to observe in medical settings, but other sub-Saharan countries don't have the same regulations.

"There are uncomfortable power dynamics here," Dr. Evert says, calling it an issue of "social responsibility."

Raising Awareness

If a patient is harmed, both the individual student and the university could be held liable. In addition, the license of an American health-care professional supervising untrained students could be in jeopardy if something goes wrong, says Ms. Todd, of Minnesota.

The University of Minnesota now requires the roughly 250

students it sends abroad on health-related programs each year to complete its online workshop. At the conclusion of the course, they are given a certificate to print out, stating they are unlicensed preprofessionals who should not be giving direct patient care.

The university also recently made the workshop available free of charge to students from other campuses.

It's not just students who need to become more aware of these problems. Because study-abroad advisers don't have medical or other health-care training, they don't always understand the risks, Ms. Johnson says. And when she and Ms. Todd give presentations to health educators, she is often approached by people who don't even know whom to contact in the international office on their own campuses.

This year the Forum on Education Abroad, an association of American and overseas colleges and independent education-abroad providers, released a set of [best-practice guidelines](#) for undergraduate global-health programs. Drafted over two years, the nonbinding standards state that students should "not engage in activities beyond their education level."

Several health-education groups, including the Association of American Medical Colleges and the American Dental Education Association, have issued similar sets of guidelines.

But while many medical, dental, and nursing programs frown on unprepared students' engaging in patient care abroad, the professional schools need to become better aware of the problem and even say that such activities will count against applicants, Dr. Evert says. "They have to make clear," she says, "that it's not acceptable."

7 comments



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**BuildingBetterWorld** · 10 days ago

This is an incredibly important issue. Thank you for writing about it and sharing some resources. We have been working to accumulate related resources from researchers and practitioners working in this and related areas:

<http://criticalservicelearning...>

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**jrchris** · 10 days ago

For those who are interested, here's a link to the University of Minnesota's free online workshop, Global Ambassadors for Patient Safety (GAPS):

<http://www.healthcareers.umn.e...>

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**awegweiser** · 8 days ago

Of course, we do not know the details of Mary's story that caused the MN officials to get their panties in a bunch but ethics cited from a clean and shiny location in MN might be viewed differently in parts of South America. What if Mary was the best qualified person present, no matter how limited? - To walk away mumbling legal concerns would have inhumane and unethical. What "assistance" was she providing - boiling water; holding a lantern; comforting a new mom? Whatever she did, in some she helped a person in medical need which, as I understand it, is a Prime Directive of medicine. Of course, a thick manual of protocols will now be forthcoming - yes, probably needed, but Bravo to Mary and may she realize her career intentions.

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**Young CC Prof** → **awegweiser** · 8 days ago

If she was observing while performing unskilled tasks on the orders of a qualified person (like holding a lantern) that's fairly harmless. However, it's pretty unlikely that a young American with no formal training could have been the most qualified person present. Presumably the woman's neighbors had seen quite a few children born, for example.

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**Past Development Intern** → **Young CC Prof** · 8 days ago

I agree with the article in that this is an important issue. But I also agree somewhat with the critical thinking of awegweiser. From a "Western" point of view it's easy to see that a young American with no formal training would not be the most qualified person present. However, it may not have been so clear to the locals in South America. In fact, from my own personal experience working in sub-Saharan Africa as an undergraduate, there is sometimes an assumption in less-resourced areas that just because you are from a "rich" country, you are more than qualified and skilled to do a certain task, regardless of whether you have the credentials or not. I certainly felt this pressure when I was there, and I was torn between not feeling qualified to do a task, disobeying my superiors, and also the excitement of accomplishing a high-level task; it is possible that Mary may have been in a similar situation. Nonetheless, the best-practice guidelines are a good first step to promoting ethical Global Health work, however I think this is a complicated issue that will also require the cooperation and understanding of locals and colleagues in the host country.

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