

HOD ACTION: Council on Medical Education Report 9 adopted and the remainder of the report filed.

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 9-A-12

Subject: Medical School International Service-Learning Opportunities
and Global Health Education
(Resolution 307-A-11 and Resolution 310-A-11)

Presented by: David E. Swee, MD, Chair

Referred to: Reference Committee C
(J. Mack Worthington, MD, Chair)

1 Resolution 307-A-11, introduced by the Medical Student Section (MSS), asked:

- 2
- 3 1. That our American Medical Association (AMA) work with the Association of American
4 Medical Colleges (AAMC), the American Association of Colleges of Osteopathic
5 Medicine (AACOM), and other relevant organizations to ensure that medical school
6 international service-learning opportunities are structured to contribute meaningfully to
7 medical education and that medical students are appropriately prepared for these
8 experiences; and
9
 - 10 2. That our AMA work with AAMC, AACOM, and other relevant organizations to ensure
11 that medical students participating in international service-learning opportunities are held
12 to the same ethical and professional standards as students participating in domestic
13 service-learning opportunities.
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15 Reference committee testimony was generally in favor of the intent of Resolution 307-A-11;
16 however, concerns were raised about the educational quality of international electives. Testimony
17 addressed the need for more work on uniform standards. Additional testimony noted that the
18 Liaison Committee on Medical Education (LCME) was working on language for new standards in
19 the area of global health education. Based on this testimony, the HOD referred Resolution
20 307-A-11 for further study with a report back at the 2012 Annual Meeting.
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22 Resolution 310-A-11, introduced by the Medical Student Section, asked:

- 23
- 24 1. That our American Medical Association (AMA) recognize the importance of global health
25 education for medical students; and
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 - 27 2. That our AMA encourage medical schools to include global health learning opportunities
28 in their medical education curricula.
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30 Reference committee testimony was generally in favor of the intent of Resolution 310-A-11.
31 Concern was expressed, however, that the intent of the resolution was counter to the AMA's belief
32 that mandating specific curriculum is the role of the LCME and the individual school's faculty.
33 Testimony noted that Resolution 307-A-11 covers related topics. Based on this testimony, the

1 HOD referred Resolution 310-A-11 for further study with a report back at the 2012 Annual
2 Meeting.

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4 Due to the overlapping aims of Resolution 307-A-11 and Resolution 310-A-11, they are addressed
5 jointly in this report.

6 BACKGROUND

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9 Medical students are becoming increasingly interested in pursuing education and training in global
10 health. Factors that have led to increased interest in international service-learning opportunities
11 among medical students include increases in international travel; immigration; multinational health
12 efforts, such as HIV/AIDS; and technology that allows for information sharing.^{1,2} Over the past
13 two decades, medical schools have developed international electives to meet medical student
14 demand. Goals of international electives include enhancing students' clinical skills and increasing
15 students' social accountability within a global health environment. Global health education and
16 training have been shown to be positive experiences for medical students.¹ Benefits of
17 international electives include increases in clinical skills, professionalism, and understanding of
18 health care costs.³ Despite the positive experiences of some students, questions remain regarding
19 the overall quality of international electives. There is growing concern among medical experts in
20 global health that service-learning opportunities, such as international electives offered by medical
21 schools, are inconsistent with regard to program structure. International service-learning
22 opportunities should ensure that students are prepared to provide care within a different cultural
23 context and that these programs maximize clinical training and professional development
24 opportunities for students.⁴

25 *Definitions of global health education and international elective*

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28 There are many definitions of global health education. The following two definitions capture the
29 main intent of global health within the context of medical schools: "the study and practice of
30 improving health and health equity for all people world-wide through international and
31 interdisciplinary collaboration," and "an area for study, research, and practice that places a priority
32 on improving health and achieving equity in health for all people world-wide."⁵⁻⁶ Further, an
33 international elective is an applied experience undertaken by medical students to improve
34 knowledge and practice skills in a new health care culture. The ways in which the terms global
35 health and international elective are defined and operationalized may be distinct to individual
36 medical schools and health organizations.

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38 This report addresses aspects of global health learning opportunities provided by medical schools
39 as well as other health organizations. Specifically, this report will: 1) provide information on
40 international electives at medical schools including data on schools offering and medical students
41 participating in international electives, resources for information on international electives, and
42 ways in which medical schools are addressing curriculum and outcomes with regard to
43 international electives; 2) present newly revised LCME Standard MS-20 on electives; 3) provide
44 examples of global health learning competencies; 4) present initiatives to improve global health
45 learning; 5) provide resources for international service-learning opportunities; and 6) provide a
46 summary and recommendations.

47 MEDICAL SCHOOLS AND INTERNATIONAL ELECTIVES

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50 Of the 131 LCME-accredited medical schools that responded to the 2010-2011 LCME Annual
51 Medical School Questionnaire, 129 schools offered students the opportunity to take elective

1 courses internationally (i.e., outside the US, including Puerto Rico). In 2011, more than 30 percent
2 of US and Canadian medical students participated in an international elective. In the US alone,
3 about 17 percent (3,101) of graduating students (17,478) took global health electives during the
4 2010-2011 academic year.⁷⁻⁸

5 6 *International health electives: Curriculum development*

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8 While there are examples of global health curricula¹ in the literature, more information on curricula
9 is needed. Further, there is little coordination among the programs that do exist; therefore,
10 information sharing on global health curricula is limited.² For the curricula that do exist, examples
11 of specific content areas include cultural competence, critical thinking, ethical reasoning, and
12 ability to work collaboratively in a multitude of settings. Additionally, the Global Health
13 Education Consortium (GHEC) has developed an online global health education module. More
14 information can be found online at:

15 <http://globalhealtheducation.org/Modules/SitePages/Home.aspx>.

16 17 *Implementation of international electives*

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19 Two important areas of implementation of international electives include training prior to departure
20 and debriefing after return.^{4,9} In 2007, 35 percent (6/17) Canadian medical schools had mandatory
21 pre-departure programs and 35 percent (6/17) had post-return debriefings. Canadian guidelines for
22 pre-departure training, including recommendations for implementation, are available online at:
23 <http://www.cfms.org/downloads/Pre-Departure%20Guidelines%20Final.pdf>. Aggregate
24 information on pre-departure programs and post-return debriefings among US medical schools was
25 not found in the literature.

26 27 *International health electives and outcomes*

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29 Studies cite enhancement of clinical skills as well as development in areas such as professionalism,
30 functioning as part of a team, and critical thinking skills as important outcomes for international
31 electives. Assessment of students participating in international electives may include written
32 feedback and peer review.⁹ There is little in the literature about outcomes and information is
33 needed on changes in student knowledge and professional development as a result of participation
34 in international electives to ensure students are receiving adequate learning experiences and to
35 ensure that patients are receiving quality care.

36 37 **LCME STANDARD MS-20 REGARDING MEDICAL SCHOOL ELECTIVES**

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39 In November 2011, the LCME held a hearing for public comment on three of its accreditation
40 standards, including Standard MS-20 on medical school electives. It stated:

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42 The issue of students completing “learning experiences in low resource and marginalized
43 communities, including international settings, which may place them or others at increased
44 risk” was brought to the LCME’s attention by the Global Health Education Consortium and
45 several academic and student organizations. They requested an annotation to existing Standard
46 MS-20 that would address the issues of (1) student safety and (2) patient safety in situations
47 during elective learning experiences in which a student may be asked to participate in patient
48 care activities under less-than-adequate supervision or for which the student has not yet
49 developed full competence.

1 The LCME document, including the above information, is available online at:

2 <http://www.lcme.org/publichearing2011.htm>.

3
4 The revised LCME Standard MS-20, approved February 2012, states:

5 If a medical student at a medical education program is permitted to take an elective under the
6 auspices of another medical education program, institution, or organization, there should be a
7 centralized system in the dean's office at the home program to review the proposed extramural
8 elective prior to approval and to ensure the return of a performance assessment of the student
9 and an evaluation of the elective by the student.

10
11 Approved Annotation to Standard MS-20: Information about issues such as the following
12 should be available, as appropriate, to inform the program's review of the learning experience
13 prior to its approval:

- 14 • potential risks to health and safety of patients, students, and the community;
- 15 • the availability of emergency care;
- 16 • the possibility of natural disasters, political instability, and exposure to disease;
- 17 • the need for additional preparation prior to, support during, and follow-up after the
18 elective;
- 19 • the level and quality of supervision; and
- 20 • any potential challenges to the code of medical ethics adopted by the home institution.

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22 The Council on Medical Education reviewed and expressed support for Standard MS-20 prior to its
23 adoption.

24 25 ORGANIZATIONS WORKING TO DEVELOP CORE COMPETENCIES IN GLOBAL 26 HEALTH EDUCATION

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28 A study of the medical education literature identified 15 competencies in global health education.⁹
29 Competencies included understanding the global burden of disease, health care disparities,
30 immigrant health, and delivery of primary care in diverse settings. Additionally, medical schools
31 are beginning to document competencies in global health needed for medical students undertaking
32 global health electives.² There remains a need to develop a consensus of these competencies.¹⁰

33
34 *The Global Health Education Consortium and the Association of Faculties of Medicine of Canada*

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36 Consensus on global health training for medical students is underway by several organizations.
37 The Global Health Education Consortium (GHEC) and the Association of Faculties of Medicine of
38 Canada (AFMC) Resource Group on Global Health created a committee to address core
39 competencies in global health for medical students. Information on these global health
40 competencies can be found online at: <http://globalhealthcompetencies.wikispaces.com/>.

41 42 ORGANIZATIONS WORKING TO IMPROVE GLOBAL HEALTH EDUCATION

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44 *The Consortium of Universities for Global Health and the GHEC*

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46 The Consortium of Universities for Global Health (CUGH), is a North American university
47 consortium for global health. CUGH has developed 10 recommendations that address global
48 health, including advancing global health education and training. These recommendations are
49 available online at: <http://www.cugh.org/about/background#ten-recommendations>.

1 The GHEC “is a consortium of faculty and health care educators dedicated to global health
2 education in health professions schools and residency programs.” Information on GHEC can be
3 found at <http://globalhealtheducation.org/aboutus/SitePages/Home.aspx>. GHEC is committed to
4 curriculum and training materials development, career development, education policy, and clinical
5 training including facilitating short-term global health learning opportunities for students.

6
7 The GHEC and CUGH are working towards a merger. Their first joint meeting will be held in
8 2013. Updates on the merger and the 2013 meeting will be available on the CUGH homepage at:
9 <http://www.cugh.org/>.

10 11 *Global Consensus for Social Accountability of Medical Schools*

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13 The Global Consensus for Social Accountability of Medical Schools developed a consensus
14 document to address social accountability of medical schools that included a goal to “respond to
15 current and future health needs and challenges in society and further, to promote “research to
16 design standards reflecting social accountability” at a global level. The group’s full report is
17 available online at: [http://healthsocialaccountability.sites.olt.ubc.ca/files/2011/06/11-06-07-
18 GCSA-English-pdf-style.pdf](http://healthsocialaccountability.sites.olt.ubc.ca/files/2011/06/11-06-07-GCSA-English-pdf-style.pdf).

19 20 RESOURCES FOR GLOBAL HEALTH SERVICE-LEARNING OPPORTUNITIES

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22 Medical schools should be contacted individually for their offerings on international electives and
23 other global health learning opportunities. Due to funding constraints, medical schools are not
24 always able to offer support to students for international electives. Therefore, most medical
25 students find international service-learning opportunities on their own.²⁻³ Operation Giving Back,
26 sponsored by the American College of Surgeons, provides medical students the opportunity to
27 volunteer in surgery in an international location. There is a general listing of resources for global
28 health learning that is available online at:

29 <http://www.operationgivingback.facs.org/content2272.html>. Further, the American Medical
30 Student Association (AMSA) has an online International Health Opportunities directory and can be
31 accessed at:

32 <http://www.amsa.org/AMSA/Homepage/EducationCareerDevelopment/IntlHealthOpps.aspx>.

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34 The following are examples of initiatives to ease funding constraints on, and develop global health
35 opportunities for, medical students.

36 37 *Global Health Learning Opportunities*

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39 The AAMC Global Health Learning Opportunities (GHLO™) is an application service for medical
40 students in their final year who want to participate in an international elective. Eight US medical
41 schools, as well as 15 international medical schools, are collaborating in the GHLO pilot phase
42 from 2012-2013. More information on this global health initiative is available online at:
43 <https://www.aamc.org/students/medstudents/ghlo/>.

44 45 SUMMARY AND RECOMMENDATIONS

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47 Interest in global health education and international service learning are increasing among US
48 medical students. Medical schools are having difficulty meeting the increased demand for global
49 health education and training. While there are efforts to improve the quality of global health
50 learning by individual medical schools and health consortiums, there is a lack of coordination
51 among these organizations.² Further, medical students, faculty, and global health education experts

1 are becoming increasingly concerned about the quality of international electives. There is still not
2 enough known about the extent to which medical students are prepared in advance for global health
3 learning opportunities. Additional information on students' clinical and professional enhancement
4 as a result of participation in international electives is also needed.³ Successful training and
5 education of faculty and staff located at the site of the international elective should be considered
6 as a desirable outcome of global health programs so that these faculty and staff can provide care
7 independently.

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9 **RECOMMENDATIONS**

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11 The Council on Medical Education recommends that the following recommendations be adopted in
12 lieu of Resolutions 307-A-11 and 310-A-11 and that the remainder of the report be filed.

- 13
14 1. That our American Medical Association (AMA) work with the Association of American
15 Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic
16 Medicine (AACOM) to ensure that medical students participating in international electives
17 are held accountable to the same ethical and professional standards as students
18 participating in domestic service-learning opportunities. (Directive to Take Action)
19
20 2. That our AMA work with the AAMC to ensure that international electives provide
21 measureable and safe educational experiences for medical students, including appropriate
22 learning objectives and assessment methods. (Directive to Take Action)
23
24 3. That our AMA communicate support for a coordinated approach to global health
25 education, including information sharing between and among medical schools, and for
26 activities, such as the AAMC Global Health Learning Opportunities (GHLO™), to
27 increase student participation in international electives. (Directive to Take Action)

Fiscal Note: \$1,000.

REFERENCES

1. Haq C, Rothenberg D, Gjerde C, Bobula J, Wilson C, Bickley L, Cardelle A, Joseph A. New world views: Preparing physicians in training for global health work. *Fam Med.* 2000;32(8):566-572.
2. Arthur MAM, Battat R, Brewer TF. Teaching the basics: core competencies in global health. *Infect Dis Clin N Am.* 2011;25:347-358.
3. Chin-Quee A, White L, Leeds I, MacLeod J, Master VA. Medical student surgery elective in rural Haiti: A novel approach to satisfying clerkship requirements while providing surgical care to an underserved population. *World J Surg.* 2011;35:739-744.
4. Anderson K, Bocking N. Preparing medical students for electives in low-resource settings: A template for national guidelines for pre-departure training. AFMC Global Health Resource Group and CFMS Global Health Program. May 2008. Available at: <http://www.cfms.org/downloads/Pre-Departure%20Guidelines%20Final.pdf>.
5. Koplan JP, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, Wasserheit JN Consortium of Universities for Global Health. Towards a common definition of global health. *Lancet.* 2009;373(9679):1993-1995.
6. Institute of Medicine. the US commitment to global health: Recommendations for the new administration. Washington, DC: National Academy Press; 2009.
7. Barzansky B, Etzel SI. Medical schools in the United States, 2010-2011. *JAMA.* 2011;306(9):1007-1014.
8. American Medical Association. 2010 Medical School Graduation Questionnaire (GQ): All Schools Summary Report. Available online at: https://www.aamc.org/download/140716/data/2010_gq_all_schools.pdf.
9. Battat R, Seidman G, Chadi, N, Chanda MY, Nehme J, Hulme J, Li A, Faridi N, and Brewer TF. Global health competencies and approaches in medical education: a literature review. *BMC Med Educ.* 2010;10:94.
10. Murdoch-Eaton D, Green A. The contribution and challenges of electives in the development of social accountability in medical students. *Med Teach.* 2011;33:643-648.