



Short communication

# Assessment of ethics and values during an interprofessional, international service learning experience

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## Abstract

**Introduction:** There has been a surge of health care profession students participating in international service learning experiences due to an increased awareness of global health concerns; however, few have been reviewed for ethical concerns. An interprofessional team from a Health Science Center in Texas collaborated on multi-year short-term medical service learning trips to Bolivia. A structured evaluation was planned. The purpose of the evaluation was to distill the ethical issues that arose on the most recent trip and how these were resolved and in post-trip deliberations to review ethical concerns from the current or past trips to synthesize appropriately tailored training preparations for future students.

**Methods:** A survey and journal prompts were examined to determine students' reactions to their team members' performance related to ethical behaviors as defined by the Interprofessional Education Collaborative Core competencies as well as the four basic principles of Western Bioethics.

**Results:** The study found that team members thought they acted ethically. It was noted that a deeper examination of pre-trip planning preparations regarding ethics in the student–host community interaction is needed for future trips. Student's discomfort with not knowing what to do in unusual situations seemed to cause the most ethical distress during the trip.

**Conclusion:** This baseline study did find that students value the ability to act with other health professionals as an interprofessional team. However, future evaluations need to focus on real-time capture of data and debriefing sessions while on site. Team members must be committed to ongoing iterative critical reflections to achieve continuous improvement.

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## Introduction

The world seems to be shrinking as humanity grows increasingly aware of global health concerns. Advances in technology and the subsequent shift of news and information from a few standard sources to “any person on the street with a smart cell phone” have opened a window into the sufferings of others far from our home. This 24/7 access to the worldwide effects of lack of health care resources,

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natural disasters, and people caught in conflict has concerned the public. The concerned public and charitably minded organizations encourage action. One response to this suffering has been the deployment of medical service learning teams. In more recent engagements, academia has deliberately designed interprofessional health care teams to respond to impacted areas, while simultaneously selecting these service learnings as outlets for student learning.<sup>1</sup> The last ten years has seen a doubling in the number of United States students studying abroad.<sup>2</sup> Many of these students are from the health care professions participating in international service learning trips (ISLT).<sup>3</sup> Despite the rapid growth in international educational experiences, few have been adequately evaluated or reviewed for ethical concerns.<sup>4,5</sup>

A review of the literature reveals just how rapidly this Global Health educational realm is developing. Ackerly et al.<sup>6</sup> acknowledged that global medicine is still in its infancy and have called for long-term strategies to go beyond mission trips by developing health care infrastructure in the host country. An intriguing viewpoint is offered by Palmer et al.<sup>7</sup> who explain how global health can occur in major cities of the United States due to the influx of foreign-born immigrants in addition to those residing here without authorization. Regardless if one goes abroad or stays at home, there is an increased awareness of global health and the fact that these service learning opportunities need to include community partnerships with co-constructed plans and goals.<sup>8</sup> Given its rising importance and frequency of availability for training health professionals, the examination of such Global Health enterprises has become critical.<sup>7,9</sup> Global health inherently involves ethical challenges so the very nature of ISLTs provides a rich opportunity for examining ethical concerns.<sup>5</sup> Crump and Sugarman recommended that efforts need to be directed at the development of ethical guidelines for short-term international experiences, similar to what is standard in the realm of research.<sup>4</sup>

In Texas, a Health Science Center (HSC) encompassing a college of pharmacy, college of medicine, college of nursing, school of public health, and college of dentistry introduced curricula to address global health issues. As a result, these HSC components began to collaborate on multi-year short-term medical service learning trips to Bolivia. One goal of this service learning was to provide medical attention while working on sustainable strategies to address long-term health issues in two remote villages. One village, Quesimpuco, was selected by Centro Nacional de Tecnología Sostenible (CENATEC) for multiyear service learnings and the other village, Futina, had submitted a special request for health intervention. These communities are located at an elevation of 13,500 ft in the Andes, 300 miles and a ten-hour journey by jeep from La Paz. As remote as Quesimpuco seems by United States standards, more than 10,000 people live beyond Quesimpuco in the Chayanta Valley, accessible only by narrow foot trails

carved into steep mountainsides. This is one of the poorest and most remote areas in the Americas, with an average annual income of \$97 USD.<sup>10</sup> The indigenous Quechua Indians who live in these villages were only granted rights by the Bolivian government in the 1980s, but are still pursuing equality.<sup>11</sup> This historically politically and economically marginalized area, as well as the lack of official recognition, prevented the establishment of a basic public health infrastructure. To reduce health disparities in the area, the HSC team could not focus solely on immediate needs, but sought suitable prevention strategies such as sustainable clean water supplies to mitigate some of the causes of poor health in these communities.

A second goal was to provide a clinical experience for interprofessional students from the HSC. Health professions (HP) educational guidelines encourage interprofessional (IP) teams.<sup>12–14</sup> Teamwork provides the framework for Interprofessional Education (IPE) where health care students deliberately work together to learn with, from, and about each other in order to provide improved patient care.<sup>12,15</sup> The purpose of IPE is to produce professionals comfortable and capable of working in an effective, collaborative team after graduation. There are concerns of safety and effectiveness when approaching any interprofessional ISLT experience. These concerns include concepts and terms that may not be familiar to all disciplines, differing modes of teaching and learning, convincing students of the value of collaboration, as well as the reality that not all educational exercises result in value-added patient care.<sup>16,17</sup>

Though armed with these goals, an ethical concern expressed by the faculty planners included “just because students can be incorporated into a service learning team, should they be and if so what is their role?”<sup>1,4</sup> Short-term international experiences have been shown to have positive long-term effects for health care students, but a dissonance between the students’ educational needs and the community’s health care needs and interests may create friction at best, and poor quality of care at worst.<sup>18</sup> Benefits for students may include increased awareness of resource utilization, improved cross-cultural skills, a heightened awareness of the value of collaboration, and a desire to reduce health care disparities.<sup>2,18</sup> Abedini et al.<sup>19</sup> found that ISLT involvement may stimulate critical thinking and students’ review of their current or future roles. However, Pinto and Upshur said that health care students have educational goals and needs that may not always align with the rights of patients to appropriate care.<sup>1</sup> Considerations related to appropriate care delivery include continuity of care with the patient population and utilization of limited resources that may be drawn to the needs of the ISLT team and away from the community.<sup>5,20</sup> Some believe that the drop-in-approach to health care (short-term medical service of less than four weeks duration) does more to make the team feel good rather than truly help the destination population.<sup>21</sup> Conversely, patients may have traditional

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