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## Designing an ethics curriculum to support global health experiences in surgery

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## ABSTRACT

**Background:** The field of global health is rapidly expanding in many medical centers across the US. As a result, medical students have increasing opportunities to incorporate global health experiences (GHEs) into their medical education. Ethics is a critical component of global health curricula, yet little literature exists to direct the further development of didactic training. Therefore, we sought to define ethical encounters experienced by medical students participating in short-term surgical GHEs and create a framework for the design of ethics curriculum specific to global surgery.

**Materials and methods:** Emory University Departments of Surgery, Urology, and Anesthesia, in partnership with the non-profit organization Project Medishare, have taken annual humanitarian surgical trips to Hinche, Haiti. All medical students returning from the trips in 2011 and 2012 received a 35-question survey to assess demographic data, extent of prior ethics education, frequency of exposure and situational confidence to ethical subject matter, as well as ethical conflicts involved in surgical GHEs. The same comparative data were also collected for domestic clinical clerkships.

**Results:** Seventeen out of 21 medical students completed the survey. Nearly all (88.3%) students had previous formal ethics training as an undergraduate or in medical school. Ethical issues were commonly encountered during domestic clinical encounters and volunteerism. However, students reported enhanced exposure to the professional obligation of surgeons ( $P = 0.025$ ) and truth-telling/surgeon–patient relationships ( $P = 0.044$ ) during surgical volunteerism. Despite increased exposure, situational confidence did not change.

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*Conclusions:* Ethical issues are commonly confronted during GHEs in surgery and differ from domestic clinical encounters. Healthcare ethics curriculum should be designed to meet the needs of medical students involved in global health.

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## 1. Introduction

Medical student participation in healthcare volunteerism is on the rise [1]. In 2012, 30.4% of graduating medical students participated in global health experiences (GHEs) during medical school, up from less than 10% in 1995 [2,3]. During this same time period, formal ethics training has emerged as an integral part of the medical student curriculum [4]. Perhaps nowhere is this more evident than during surgery clerkships, as surgery is considered “above all things an ethical training” [5]. The convergence of global health and specific needs for the ethical training of medical students participating in GHEs is an area of great interest to educators but has not been examined to date.

Efforts to create global health curricula for medical students participating in GHEs have largely focused on global burden of disease, environment, and health, healthcare delivery systems, and social determinants of health [6,7]. While the basic ethical principles of autonomy, beneficence, non-maleficence, and justice are generally accepted, the proper weighting of each of these principles and integration into foreign clinical scenarios during GHEs is lacking. We believe that this information must be collected in order to design and implement ethics curriculum tailored towards global health, especially in surgery.

In the context of a short-term surgical GHEs, we sought to define the critical ethical categories most frequently encountered by participating medical students and compare these to encounters during domestic clinical training at our institution. As a framework we chose a previously validated survey based upon the American College of Surgeons text entitled “Ethical Issues in Clinical Surgery,” which identifies and discusses key topics in surgical ethics [8,9]. We hypothesized that volunteers would be well acquainted with general ethics principles but that areas of want would be increased during surgical GHEs.

## 2. Material and methods

Since 2008, Emory University faculty and medical students from the Departments of Surgery, Urology, and Anesthesia, in partnership with the non-profit organization Project Medishare, have taken annual humanitarian surgical trips to Hôpital St. Thérèse located in Hinche, Haiti. For 1 to 3 wk, medical students assume roles along the continuum of pre-, intra-, and postoperative surgical care in this resource-restricted environment [10].

### 2.1. Study design

We performed a cross-sectional survey annually for the years of 2011 and 2012.

### 2.2. Study population and distribution

Second-, third-, and fourth-y medical students from the Emory University School of Medicine were recruited to take

the survey upon returning from the surgical trip to Haiti. All third-y students or above had participated in a formal medical school ethics curriculum consisting of a lecture/discussion series. Global health-specific ethics teaching consisted of an informal discussion prior to embarking on the surgical GHE. Due to Emory’s accelerated clinical program, all participating medical students, including second-year students, had prior familiarity with domestic clinical clerkships. The survey was distributed via e-mail and provided at the debriefing session, approximately 2–4 wk after trip conclusion. Participants were given a \$5.00 coffee card upon survey completion.

### 2.3. Survey design

The 35-question survey composed of multiple-choice and free response questions was distributed to participating medical students. The survey was developed as previously described [8]. The first section addressed demographic data related to age, year in medical school, prior volunteer experience, major interest in volunteerism, and the extent of previous ethics education. The second section asked participants to gauge their frequency of exposure and situational confidence to ethical subject matter during the surgical GHE and compare this with domestic clinical clerkships based upon principles outlined in the American College of Surgeons’ Surgical Ethics textbook [9]. The comparative domestic clinical clerkships were inclusive of all disciplines and not solely limited to surgery. A five-part Likert Scale was utilized: 1 = never, 2 = rarely, 3 = couple times per y, 4 = at least once a rotation, 5 = daily/weekly. The third section allowed participants to identify the conflicts involved in surgical GHEs and describe ways in which the experience has assisted in ethical training.

### 2.4. Statistics

Data was entered into Prism 5 (v. 5.0) for analysis. Comparisons between clinical experiences and GHEs were then performed using sample *t*-tests for continuous data and Wilcoxon matched-pairs signed rank tests for ordinal data. Any missing data was censored before running statistical analyses. The level of significance was set at a *P* value <0.05.

## 3. Results

Seventeen of 21 (81%) medical students completed the survey. The mean participant age was 26 y, with most students in their second (*n* = 7) or fourth y (*n* = 6) of medical school. Further respondent demographics and prior exposure to ethics curricula are summarized in Table 1. All students cited an interest in different cultures as one of their primary motives for pursuing volunteer opportunities. More than 50% of students cited social justice, to learn and teach with colleagues, an opportunity to function more independently, and travel

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