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ORIGINAL RESEARCH

Visiting Trainees in Global Settings: Host and Partner Perspectives on Desirable Competencies

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Abstract

BACKGROUND Current competencies in global health education largely reflect perspectives from high-income countries (HICs). Consequently, there has been underrepresentation of the voices and perspectives of partners in low- and middle-income countries (LMICs) who supervise and mentor trainees engaged in short-term experiences in global health (STEGH).

OBJECTIVE The objective of this study was to better understand the competencies and learning objectives that are considered a priority from the perspective of partners in LMICs.

METHODS A review of current interprofessional global health competencies was performed to design a web-based survey instrument in English and Spanish. Survey data were collected from a global convenience sample. Data underwent descriptive statistical analysis and logistic regression.

FINDINGS The survey was completed by 170 individuals; 132 in English and 38 in Spanish. More than 85% of respondents rated cultural awareness and respectful conduct while on a STEGH as important. None of the respondents said trainees arrive as independent practitioners to fill health care gaps. Of 109 respondents, 65 (60%) reported that trainees gaining fluency in the local language was not important.

CONCLUSIONS This study found different levels of agreement between partners across economic regions of the world when compared with existing global health competencies. By gaining insight into host partners' perceptions of desired competencies, global health education programs in LMICs can be more collaboratively and ethically designed to meet the priorities, needs, and expectations of those stakeholders. This study begins to shift the paradigm of global health education program design by

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encouraging North–South/East–West shared agenda setting, mutual respect, empowerment, and true collaboration.

KEY WORDS global health, short-term experience in global health, education, competencies, ethics, international rotations

INTRODUCTION

There has been a rapid increase of students from all disciplines engaging in global health (GH) training. This includes international electives, fieldwork, volunteering, service learning, and internships.[1-4] Predominantly, trainees from high-income countries (HICs) travel to a low- or middle-income country (LMIC; also referred to as the "Global South") for a short-term experience in global health (STEGH).[5] Trainees may go abroad on STEGH through a program organized by a nongovernmental organization (NGO), academic institution, local ministry of health,[6] or an ad hoc experience.

Such programs generate controversy as to whether they do more harm than good, as noted by mainstream media (such as *The Guardian*, *CNN*, *Huffington Post*, *The New York Times*, and *Al-Jazeera*).[7-11] From an academic perspective, STEGH have been examined along many dimensions, including reciprocity in relationships between participants,[12] the concept of partnership engagement models,[5] and overall benefits and drawbacks for host communities and trainees.[13,14] Building on this work, there has been a push to develop more specific competencies and pedagogies for STEGH, and GH training more broadly.[2,14] It must be noted that not all STEGH takes place abroad. Appropriately, there is an increasing emphasis on local GH, or "glocal."[15] This idea recognizes that the traditional model of international experiences defining GH should be expanded to focus on the health disparities and needs of low-resource communities within high-resource nations.[15] Recently, a list of 7 key themes representing GH and local health were released.[15] Although a topic of pressing concern, this study focuses on STEGH where participants are traveling outside their country of residence.

A seminal set of competencies from the Consortium of Universities for Global Health (CUGH) proposed 4 levels of global health (GH) proficiency that corresponds to degrees of experience and professional commitment. CUGH's Global Citizen and Basic Operational Program-Oriented Levels of proficiency are characterized through 39 competencies across 11 domains. These competencies encompass skills, knowledge, and attitudes ranging from descriptions and understanding of social and environmental determinants of health to ethics, professionalism, health equity, and social justice.[14] They represent substantial progress in current thinking about the aims of GH training. However, the peer consensus process that developed this competency set was without significant input from LMIC stakeholders. Eichbaum cogently argued "the process of developing GH competencies is often insufficiently inclusive of input from host country health professionals and furthermore fails to take adequate account of local health contexts."[16]

Therefore, we created an online survey and distributed it to faculty, staff, and community members who supervise and mentor visiting trainees open to individuals from all regions of the world. The primary objective was to obtain their unique perspectives and incorporate them into existing GH frameworks.

METHODS

Survey Design. An 85-item survey, based mainly on the CUGH interprofessional competencies and some additional competencies, was developed.[2,14] The initial survey was developed through a collaborative editing process among co-investigators from 8 HIC and LMIC countries, including Canada, the United States, Uganda, the Philippines, Ecuador, Namibia, Ghana, and South Africa. To help ensure content and face validity (as well as cross-cultural clarity), the survey was piloted with 5 respondents from LMIC settings. We incorporated this feedback into the final survey. By design, the final version asked first about respondents' own beliefs about competencies in an open-ended fashion before asking them to evaluate specific competencies along a Likert scale. We used a 4-point Likert scale with 1 representing *not important* and 4 representing *very important*. One of the co-investigators translated the original English survey into Spanish, with grammar and spelling double-checked by a second native Spanish speaker from the funding organization, both approved by the institutional review board.

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