

## Guidelines for Resident Physician Participation in Global Health Elective Placements

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Global Health – defined as the health of under-resourced and / or marginalized populations locally, nationally, and abroad – was once considered on the fringe of academic medicine. In recent years, a growing interest in the field has led to increasing numbers of medical learners pursuing research and clinical elective placements in Global Health.

While training programs, student organizations, and national bodies have developed resources and standards for undergraduate learners, there are few common guidelines for resident physicians participating in Global Health electives.

Recognizing that addressing these concerns is a shared responsibility between residents, their home programs and their host institutions, Resident Doctors of Canada has reviewed the resources currently available from Canadian medical training programs, volunteer, and professional organizations to develop the following principles to serve as guidelines for residents and post-graduate medical education programs involved in Global Health electives.<sup>1</sup>

### LOGISTICS AND COMMUNICATION

1. In keeping with recent work by the Association of Faculties of Medicine of Canada Global Health Resource Group<sup>2</sup> and the work of several faculties of medicine in Canada, postgraduate medical education (PGME) departments should offer pre-departure training to all residents participating in global health placements. Such training should address the considerations raised in this document including common health & safety and ethical challenges faced during global health placements.

<sup>1</sup> While the scope of this statement is specific to global health, defined as the health of marginalized populations domestically and abroad, it is recognized that many of its guidelines (especially pertaining to logistics & communications and health & safety) are relevant and applicable to international health placements in well-resourced locations.

<sup>2</sup> Anderson K, Bocking N, et al. 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, 2008.

2. All PGME departments involved in sending residents on Global Health elective placements should have a clearly designated contact person with whom the resident can communicate regarding safety, logistical, or ethical concerns before, during, and after their placement.
3. Prior to embarking on a global health elective placement, residents should communicate with their hosts. Issues addressed should include:
  - a. Clarification of expectations including service, learning opportunities, logistical support, and remuneration for the elective placement from both the resident's and the host's perspective.
  - b. Local health and safety concerns as outlined below.
4. PGME departments should provide clear expectations regarding resident conduct, educational, and service commitments.
5. The residency program and resident in collaboration should clearly establish objectives and assessment criteria for the elective experience, prior to departure.
6. Prior to a resident's departure on a global health placement, their training program should verify that all residents obtain:
  - a. Appropriate malpractice insurance for their destination.
  - b. Visas and documentation from local governments, health authorities, research ethics review boards, and all other appropriate bodies to authorize the work they are undertaking.

### HEALTH AND SAFETY

1. Prior to embarking on an elective placement, residents should research their destination. Issues addressed should include:
  - a. Local health concerns including housing, water and food safety, sanitation, climate, road safety, infectious illnesses, and where to access medical care.<sup>3</sup>

- b. Safety concerns including current political climate and prevalence of street crime or violence.<sup>3</sup>
  - c. For residents on clinical electives: types and availability of clinical protective equipment (e.g. surgical glasses/eye protection, latex gloves, N95 masks, etc.) and diagnosis and treatment of locally prevalent diseases.
2. Prior to a resident's departure on a global health placement outside Canada, their PGME department should verify that all residents:
    - a. Obtain a travel medical consultation with completion of relevant vaccinations and acquisition of appropriate prophylaxis (e.g. Malaria).
    - b. Obtain appropriate personal health insurance for their destination.
    - c. Receive information on safe behaviour overseas including injury prevention and personal protection in clinical settings.
    - d. When travelling to endemic areas, have information on HIV post-exposure prophylaxis (PEP) and strive to provide PEP medication to residents who may not otherwise have access to it on arrival.
    - e. If overseas for an extended period or travelling to an unstable region register through Registration of Canadians Abroad<sup>4</sup> or through the local Canadian embassy or high commission.
  3. PGME departments should also offer each returning resident a confidential debriefing or counseling session with an appropriate person or group. Residents should be made aware of this service prior to their departure.

## ETHICS AND GUIDING PRINCIPLES

1. Residents on elective should research and as much as possible adapt themselves to the official and local languages, laws, and customs of their placement including appropriate attire, forms of address, and communication with colleagues and patients.
2. Residents embarking on global health electives should be aware of the basic principles of global health ethics for medical learners.<sup>5 6 7 8</sup> PGME departments should strive to provide support and preparation to explore these ethical dilemmas.

3. Residents should also be aware of the ethical concerns they will encounter, which include but are not limited to:
  - a. Medical tourism: Participation in a clinical elective with the goal of practicing at a level for which the caregiver does not have adequate training or in a research elective from which neither the study participants nor their community will benefit. The needs of the patient or research participant, and not those of the caregiver, researcher, or health facility, must always be the priority.
  - b. Power imbalances: These may be organizational (e.g. through flow of resources or funds between a resident's sponsoring and host organizations) or individual between residents, local colleagues, patients, or research participants (e.g. gender, ethnic or tribal background, or socioeconomic or political status). These may lead to inappropriate, poorly informed, or coerced decisions with negative impact on residents, their colleagues, or their patients / research participants.
  - c. Resource Diversion: Global Health elective placements redirect resources from the host community to support the work of the visiting trainee. Not all placements provide a reciprocal benefit to the host community.
  - d. Coerced consent from patients and research subjects who though informed may have no access to treatments or intervention elsewhere.

3 For the Government of Canada's frequently updated country profiles see: *Country Profiles*, Foreign Affairs and International Trade Canada: [http://www.voyage.gc.ca/countries\\_pays/profiles-menu-profil-eng.asp](http://www.voyage.gc.ca/countries_pays/profiles-menu-profil-eng.asp). For country-specific disease information see Destinations – CDC Travelers' Health, Centers for Disease Control and Prevention: <http://wwwnc.cdc.gov/travel/destinations/list.aspx>.

4 *Registration of Citizens Travelling Abroad*, Foreign Affairs and International Trade Canada: <http://www.voyage.gc.ca/main/sos/rocapage-en.asp>

5 Pinto A.D. and Upshur R.E.G., *Global Health Ethics for Students*, *Developing World Bioethics*, 9(1), pp 1-10, 2007.

6 Crump, J.A. and Sugarman J., *Ethics and Best Practice Guidelines for Training Experiences in Global Health*. *Am. J. Trop. Med. Hyg.*, 83(6), 2010, pp. 1178–1182

7 Shah S, Wu T. The medical student global health experience: professionalism and ethical implications. *J Med Ethics*. 2008;34(5):375-378.

8 Roberts, M. Duffle Bag Medicine, *JAMA*. 2006;295(13):1491-1492