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


Presented by: David E. Swee, MD, Chair

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

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

1. That our American Medical Association (AMA) work with the Association of American Medical Colleges (AAMC), the American Association of Colleges of Osteopathic Medicine (AACOM), and other relevant organizations to ensure that medical school international service-learning opportunities are structured to contribute meaningfully to medical education and that medical students are appropriately prepared for these experiences; and

2. That our AMA work with AAMC, AACOM, and other relevant organizations to ensure that medical students participating in international service-learning opportunities are held to the same ethical and professional standards as students participating in domestic service-learning opportunities.

Reference committee testimony was generally in favor of the intent of Resolution 307-A-11; however, concerns were raised about the educational quality of international electives. Testimony addressed the need for more work on uniform standards. Additional testimony noted that the Liaison Committee on Medical Education (LCME) was working on language for new standards in the area of global health education. Based on this testimony, the HOD referred Resolution 307-A-11 for further study with a report back at the 2012 Annual Meeting.

Resolution 310-A-11, introduced by the Medical Student Section, asked:

1. That our American Medical Association (AMA) recognize the importance of global health education for medical students; and

2. That our AMA encourage medical schools to include global health learning opportunities in their medical education curricula.

Reference committee testimony was generally in favor of the intent of Resolution 310-A-11. Concern was expressed, however, that the intent of the resolution was counter to the AMA’s belief that mandating specific curriculum is the role of the LCME and the individual school’s faculty. Testimony noted that Resolution 307-A-11 covers related topics. Based on this testimony, the
HOD referred Resolution 310-A-11 for further study with a report back at the 2012 Annual Meeting.

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

BACKGROUND

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

Definitions of global health education and international elective

There are many definitions of global health education. The following two definitions capture the main intent of global health within the context of medical schools: “the study and practice of improving health and health equity for all people worldwide through international and interdisciplinary collaboration,” and “an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide.” Further, an international elective is an applied experience undertaken by medical students to improve knowledge and practice skills in a new health care culture. The ways in which the terms global health and international elective are defined and operationalized may be distinct to individual medical schools and health organizations.

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

MEDICAL SCHOOLS AND INTERNATIONAL ELECTIVES

Of the 131 LCME-accredited medical schools that responded to the 2010-2011 LCME Annual Medical School Questionnaire, 129 schools offered students the opportunity to take elective
courses internationally (i.e., outside the US, including Puerto Rico). In 2011, more than 30 percent of US and Canadian medical students participated in an international elective. In the US alone, about 17 percent (3,101) of graduating students (17,478) took global health electives during the 2010-2011 academic year.7,8

*International health electives: Curriculum development*

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

*Implementation of international electives*

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

*International health electives and outcomes*

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

*LCME STANDARD MS-20 REGARDING MEDICAL SCHOOL ELECTIVES*

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

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


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

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

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

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

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

ORGANIZATIONS WORKING TO DEVELOP CORE COMPETENCIES IN GLOBAL HEALTH EDUCATION

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

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

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

ORGANIZATIONS WORKING TO IMPROVE GLOBAL HEALTH EDUCATION

The Consortium of Universities for Global Health and the GHEC

The Consortium of Universities for Global Health (CUGH), is a North American university consortium for global health. CUGH has developed 10 recommendations that address global health, including advancing global health education and training. These recommendations are available online at: http://www.cugh.org/about/background/#ten-recommendations.
The GHEC “is a consortium of faculty and health care educators dedicated to global health education in health professions schools and residency programs.” Information on GHEC can be found at [http://globalhealtheducation.org/aboutus/SitePages/Home.aspx](http://globalhealtheducation.org/aboutus/SitePages/Home.aspx). GHEC is committed to curriculum and training materials development, career development, education policy, and clinical training including facilitating short-term global health learning opportunities for students.

The GHEC and CUGH are working towards a merger. Their first joint meeting will be held in 2013. Updates on the merger and the 2013 meeting will be available on the CUGH homepage at: [http://www.cugh.org/](http://www.cugh.org/).

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

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

**RESOURCES FOR GLOBAL HEALTH SERVICE-LEARNING OPPORTUNITIES**

Medical schools should be contacted individually for their offerings on international electives and other global health learning opportunities. Due to funding constraints, medical schools are not always able to offer support to students for international electives. Therefore, most medical students find international service-learning opportunities on their own. Operation Giving Back, sponsored by the American College of Surgeons, provides medical students the opportunity to volunteer in surgery in an international location. There is a general listing of resources for global health learning that is available online at: [http://www.operationgivingback.facs.org/content2272.html](http://www.operationgivingback.facs.org/content2272.html). Further, the American Medical Student Association (AMSA) has an online International Health Opportunities directory and can be accessed at: [http://www.amsa.org/AMSA/Homepage/EducationCareerDevelopment/IntlHealthOpps.aspx](http://www.amsa.org/AMSA/Homepage/EducationCareerDevelopment/IntlHealthOpps.aspx).

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

**Global Health Learning Opportunities**

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

**SUMMARY AND RECOMMENDATIONS**

Interest in global health education and international service learning are increasing among US medical students. Medical schools are having difficulty meeting the increased demand for global health education and training. While there are efforts to improve the quality of global health learning by individual medical schools and health consortiums, there is a lack of coordination among these organizations. Further, medical students, faculty, and global health education experts...
are becoming increasingly concerned about the quality of international electives. There is still not enough known about the extent to which medical students are prepared in advance for global health learning opportunities. Additional information on students’ clinical and professional enhancement as a result of participation in international electives is also needed. Successful training and education of faculty and staff located at the site of the international elective should be considered as a desirable outcome of global health programs so that these faculty and staff can provide care independently.

RECOMMENDATIONS

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

1. That our American Medical Association (AMA) work with the Association of American Medical Colleges (AAMC) and the American Association of Colleges of Osteopathic Medicine (AACOM) to ensure that medical students participating in international electives are held accountable to the same ethical and professional standards as students participating in domestic service-learning opportunities. (Directive to Take Action)

2. That our AMA work with the AAMC to ensure that international electives provide measureable and safe educational experiences for medical students, including appropriate learning objectives and assessment methods. (Directive to Take Action)

3. That our AMA communicate support for a coordinated approach to global health education, including information sharing between and among medical schools, and for activities, such as the AAMC Global Health Learning Opportunities (GHLO™), to increase student participation in international electives. (Directive to Take Action)

Fiscal Note: $1,000.
REFERENCES


