Ten Questions to Guide Learners Seeking Equitable Global Health Experiences Abroad

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Abstract

"Global health experiences," clinical and research learning opportunities where learners from high-income country (HIC) institutions travel to low- and middle-income countries (LMICs), are becoming increasingly popular and prolific in the health sciences. Increased interest has been well documented among medical, pharmacy, and nursing learners who are driving these agendas at their institutions. Although such opportunities have potential to mutually benefit the learner and host, in practice they can be exploitative, benefiting HIC learners without reciprocity for LMIC hosts. Given these and other pervasive ethical concerns in global health, efforts to decolonize global health and emphasize equity are being made at the institutional level. Despite progress toward global health equity from institutions, most learners lack the resources and education needed to critically evaluate the numerous global health opportunities or equitably codesign these experiences for themselves.

This article offers 10 guiding questions that learners should answer before selecting or codesigning a global health opportunity through a lens of global health equity. These prompts encompass values including motivations, reciprocity, accountability, sustainability, financial implications, self-reflection, bidirectional communication, and mitigating burden and power dynamics. The authors provide tips, pitfalls to avoid, and pragmatic examples for learners working to actualize partnerships and opportunities aligned with the movement of global health equity. With these guiding questions and accompanying reflection tool, learners, faculty members, and their LMIC partners should be better equipped to engage in mutually beneficial partnership through the framework of global health equity.

There has been a proliferation of opportunities for learners from high-income countries (HICs) to travel to low- and middle-income countries (LMICs) for "global health experiences"—learning and research opportunities, particularly in the health sciences.[1,2] These experiences typically include educational exchanges, clinical rotations, and research projects with LMIC partners.[3] Increased interest has been well documented among medical,[4] pharmacy,[5] and nursing learners[6] who are driving these agendas at their institutions.[7] Although global health opportunities can be mutually beneficial to learners and hosts, there is limited guidance on how to equitably codesign these experiences.

Concerns around unethical practices abound. Even though HIC learners stand to gain skills, experience, and social acumen from global health opportunities, exchange systems commonly exploit and give relatively little attention to benefits realized by the LMIC host institution.[8] For example, HIC learners' education goals may take precedence over those of local learners or the safety of already vulnerable patients. Positive effects of these experiences for HIC learners, including publications, grants, and career advancement are often unequally shared with LMIC partners, if at all. Reciprocity for LMIC learners in HIC settings, including opportunities for professional development, learning exchanges, and mutually beneficial funding sources, does not typically occur.[9] These concerns fit into a wider movement oriented toward decolonizing global health, as those at HIC institutions change their attitudes toward setting agendas without adequate codesign from LMIC partners. Educational collaborations between institutions in HICs and LMICs should be sustainable, mutually beneficial, and ethical with newfound expectations of accountability, while attracting students who reflect these values.[10]

Although most guidelines demanding equity are targeted at HIC institutions' policies and procedures, students also bear responsibility for promoting respectful collaborations.[11] Proper values, attitudes, preparedness, and commitment are required for learners to realize equitable global health engagements. Even if institutional opportunities are available to pursue global health experiences, learners have an independent responsibility to scrutinize these opportunities for their commitment to equity. However, learners may lack clear guidelines to develop these principles and need prompts to critically appraise programs before committing to them.

Ten Guiding Questions for Learners

We offer 10 key prompts for reflection that learners should answer before selecting or codesigning a global health experience (Table 1 provides an abbreviated version; Supplemental Digital Appendix 1 at http://links.lww.com/ACADMED/B417 provides an expanded

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Table 1

Personal Reflection Tool for Learners Engaging in an Equitable Global Health Experience: Ten Guiding Questions[a]

Question	Subquestions
What are my motivations for this experience?	• What are my core values, and how do they align with my motivations for this trip? • How will I work through motivations at conflict with each other (altruistic versus self-focused?) • Have I worked at home to cultivate the maturity, emotional bandwidth, intellectual resilience, and relevant skills to be useful?
What impact will my presence have on the local setting?	• What are my hosts having to do to prepare for my visit? • What perceptions or biases do I have about my impact or ability to help?
How can I mitigate the disruptive effects of my presence?	• What trip planning can I do to alleviate this responsibility from my hosts? • How can I promote reciprocity between my hosts and other partners? • Have I discussed ways I could provide benefit to my partners?
Does this experience build toward a "greater good" of sustainability?	• Does my experience promote a sustainable partnership? • Beyond my project or experience, how will this work continue? • How will I facilitate a continued relationship with my partners?
Am I prepared to approach opportunities with cultural humility?	• What self-centric tendencies do I have that limit my ability to live the Platinum Rule? • What steps am I taking to increase my cultural humility? • How will I solicit feedback from my host to improve my cultural humility?
How can I anticipate and respond to ethical dilemmas I experience?	• What ethical dilemmas might I experience? • Who can I debrief with at my home and host institution regarding ethical dilemmas encountered? • How will I respond if I disagree with something I observe during this experience?
How will I bidirectionally communicate with my partners and navigate power dynamics?	• Which power dynamics, both from and toward me, can I anticipate? • Can I acknowledge and diminish these power dynamics through communication with my host? • Which sacrifices will I need to make to be a collaborative and respectful partner with my hosts?
Are the financial resources required justifiable?	• How will I reconcile the tension between working for health equity while using resources for personal development? • Can part of my funds be allocated for host remuneration or support locally designed projects?
How will I provide feedback to my host and home institution?	• When will I share in bidirectional feedback with my host? • When will I complete my written report, and who will I deliver it to?
How will I reflect on this experience to grow as a partner of global health equity?	• What will I do during this experience to track my own improvements in global health perspectives (journaling, reflection conversations, goal setting?) • How have my perceptions of myself and my role in global health changed?

[a]Learners should ideally complete this reflection tool with the guidance of a trusted faculty mentor who is familiar with the context of where they will be traveling, the type of work they will be completing, and their values. However, learners can complete this reflection tool independently. For the full reflection tool, see Supplemental Digital Appendix 1.

version). The 10 prompts, discussed below, can guide learners as they consider engaging in every stage of a global health experience—from predeparture to in-country to postdeparture. Reflecting on these prompts can aid learners, hosts, and mentors to facilitate equitable and mutually beneficial opportunities in global health.

1. What are my motivations for this experience?

Learners express multiple motivations for going abroad—a desire to help, travel, acquire a new language, build a résumé, make social gains, study health problems uncommon in their home setting, or witness care in a different health system, among others—that can create tension between altruism and self-gain.[12] Learners must first critically examine their own motivations and values.[13] Equitable global health requires learners with maturity, resilience, humility, flexibility, and commitment. Self-focused motivations, though not intrinsically wrong, should be dealt with honestly and with respect for all those involved.

Self-reflection is necessary for equitable global health since it fosters trust, alleviates conflict, and aligns motivations for shared goals between learners and hosts. When reflecting on whether to participate in a program, a learner should solicit the feedback of trusted mentors working in global health to determine if they have cultivated the proper motivations and values to be useful. If the answer is either "no" or "uncertain," the learner may require courage to delay the experience until these conditions are met.

2. What impact will my presence have on the local setting?

Learners may assume they automatically benefit hosts, reflecting an entrenched colonial perspective that threatens equitable global health.[14] At a minimum, such a perception presumes competence based on implicit beliefs of exceptionalism among HIC learners. At worst, it uncovers embedded racism by assuming superiority to LMIC partners, despite operating within their contexts. Though movements toward the decolonization of global health are beginning to combat these harmful biases, few HIC learners have exposure to the lessons of decolonization.

HIC learners should be particularly critical of their perceived goals of going "to help" and understand that they often present a burden to the local setting. HIC learners cause disruptions to host institutions, as already overburdened local health care professionals take time from their busy schedules to assist these visitors, time that is often unpaid. Due to "local hospitality," HIC learners may not even perceive that they are taking opportunities from local learners and researchers.

A lack of language competency among HIC learners can significantly detract from host time and resources. Consequently, learners without proficiency should consider repurposing their efforts toward language acquisition before pursuing an in-country health experience. Learners should consider how their presence may negatively affect their LMIC partners, recognizing that even when a partnership, program, or intervention is being designed equitably, hosts regularly absorb the burden of extensive logistical and infrastructure planning.

3. How can I mitigate the disruptive effects of my presence?

As in clinical medicine, a fundamental duty for equity should be "first, do no harm." Mitigating the negative effects of an HIC learner's presence requires intentionality and can include taking initiative to coordinate travel, housing, and safety plans. Beyond minimizing disruptions, learners may be able to provide limited benefit to LMIC hosts.[15] For example, learners could bring requested resources during travel and offer research assistance, community outreach, project implementation, financial remuneration, and career networking to HIC grant opportunities and faculty (Table 2). Working with one's own institution to promote reciprocity with LMIC partners is key to alleviating exploitation. True reciprocity, which relies on communication and cooperation to accomplish shared goals, requires tangible and repeated action. These actions include bidirectional exchanges, where LMIC collaborators—learners and faculty—visit HIC institutions for career development and networking to advance their careers and strengthen institutional partnerships.

4. Does this experience build toward a "greater good" of sustainable efforts?

Sustainability involves commitment through longitudinal partnerships, meaningful relationships, and accountability between HIC and LMIC institutions. Global health programs with and without sustainability can be easily differentiated, and learners committed to equity should value longitudinal efforts above a "one and done" experience. Evaluating time commitments, reciprocal empowerment, resultant health improvements, and academic products are all important components of discerning legitimate efforts toward sustainability. Years-long commitments with mutual benefit are likely to continue empowering each partner beyond one learner's singular experience.[16]

If sustainability and reciprocity are not integrated into a program, learners should look elsewhere, or be intentional to incorporate these values themselves by demonstrating "fiduciary responsibility" for the global health program that helped them (i.e., learners should focus primarily on supporting their established partners). Learners can engage their institution to formalize partnerships, recruit personnel, and mobilize resources to build toward a "greater good" of sustainable efforts.[17] Memorandums of understanding (MOUs) are one way to formalize relationships by fostering important conversations on commitments and priorities. Be aware, even formal MOUs require supported, intentional plans for collaboration and accountability, or else risk becoming relics of good intentions. With today's widespread technological connection, there are numerous ways to structure sustainable partnerships for long-term interconnectedness.

5. Am I prepared to approach opportunities with cultural humility?

Cultural humility is a lifelong practice of self-reflection and critique that involves entering relationships with the ability to adapt one's own beliefs and values in consideration of the other. It goes beyond cultural sensitivity, which only recognizes and respects those different from oneself, by working to adapt these differences for self-critique and personal change. Cultural humility eliminates power differentials through strong relationships.[18] By shifting

Table 2
Fifteen Tips for Learners Committed to an Equitable Global Health Experience

Stage of global health experience	Tips for success
Predeparture	• Secure funding from sources specifically designed for student global health experiences. • Communicate with hosts to codesign the experience, ideally multiple times and months before arrival. • Read multiple local sources about the context of where you will be working, including host recommendations. • Ask hosts if there are resources you can bring or logistics you can plan to minimize your disruptive presence. • Establish mentor and peer conversation partners in anticipation to reflect on difficult experiences.
In-country	• Spend your time listening, observing, and learning. An 80:20 ratio of listening to speaking is a good starting point. • Form relationships with peer learners who are interested in international partnerships, observerships in high-income countries, and similar areas of clinical or research work. • Schedule regular check-ins with hosts to receive feedback about your experience. • Use differences in the host education and clinical care system to improve deficiencies in your own education and clinical journey. • Participate in academic activities and presentations with similar rigor to your home institution. Speaking about low- and middle-income country (LMIC) opportunities at your home institution is a feasible topic and demonstrates reciprocity.
Posttrip	• Further the relationships through a written report, and coexplore opportunities for future projects. • Determine reciprocal observership or research opportunities at your institution for LMIC students, and support your partners in accessing them. • Strengthen institutional ties by recruiting home faculty and students who can continue ongoing projects with your LMIC hosts. • Brainstorm how lessons from your experience can be applied to working with vulnerable populations in your community. • Codesign a plan with your partners to return or contribute longitudinally as gratitude for their hospitality to you.

from a self-centric to other-centric perspective,[19] one can codify differences between the Golden Rule—treat others as you want to be treated—and Platinum Rule—treat others as they would like to be treated.

Experiences and expectations will differ between geographic locations and contexts,[20] and learners should systematically study political and sociocultural climates of their host settings through predeparture courses and faculty-sponsored study with focuses on social medicine.[21] HIC learners who practice cultural humility will use the diverse educational approaches in LMIC settings to identify deficiencies in their own practice, which they did not previously perceive at home. For example, LMIC learners might teach HIC counterparts increased reliance on the physical exam for diagnostic decision making due to limited imaging and online references. Resource allocation, rarely taught at HIC institutions despite its importance, is intimately integrated into LMIC education. At a systems level, learners can appreciate ways in which care delivery is more effective or equitable in the LMIC setting as compared with their home setting. Learners should be enthusiastic to learn new ways to speak and write about global health to promote equity.[22]

6. How can I anticipate and respond to ethical dilemmas I experience?

Ethical dilemmas are inevitable in global health experiences.[23] Learners encounter disparities, death, unethical financial models, special interests, and self-focused motivations to varying degrees in most health care settings. Learners may feel called to combat these perceived "injustices," creating tension between cultural humility and personal morals (Table 3). Learners should anticipate stressful emotions and understand effective strategies to manage their triggers. In place of judgment, they should meet these tensions with intentional curiosity, especially in the context of their own moral framework. Cultural humility does not endorse ignoring injustice but may require adapting unfamiliar perspectives. Learners should resist the real temptation to undercut local systems or assume something is wrong because "we do it another way back home."

Although there is universal agreement that learners should never practice outside their scope, opportunities for "hands-on" learning in LMIC clinical spaces remain prolific and tempting.[24,25] Practicing outside of scope can range from unintentionally problematic to maliciously criminal. While some HIC learners knowingly practice unethically and illegally for personal gains or experience, others allow blame to be placed on the HIC or LMIC institution rather than accept personal culpability. Learners may feel pressure to appear grateful for clinical opportunities and justify their unqualified participation with supervision from local staff. To mitigate this, HIC learners should unequivocally define their training level before entering clinical spaces, with a clear list of clinical inclusion and exclusion criteria that is codesigned with hosts and home mentors. Requiring that learners report their clinical activities to home institutions further promotes accountability, so faculty can provide feedback on appropriateness of participation. Generally, if an activity is beyond the scope of practice for learners in their home institution, it should not be done abroad. Respectful discussion and exploration of ethical dilemmas can benefit learners and hosts. Learners should know which avenues to use to speak up as dilemmas arise, using trusted mentors to process them in a judgment-free space.

7. How will I bidirectionally communicate with my partners and navigate power dynamics?

Communication defines shared priorities and opportunities for

Table 3
Fifteen Pitfalls for Learners to Avoid When Committed to an Equitable Global Health Experience

Stage of global health experience	Pitfalls to avoid
Predeparture	• Pursue experiences without the codesign of low- and middle-income country (LMIC) hosts, even if high-income country (HIC) faculty mentors approve. • Overestimate your effectiveness given your skill and experience levels. • Have inadequate language preparation, which could create unsafe clinical situations or ineffective research experiences. • Ignore preemptive planning for mentor check-ins and safety plans for your time in-country. • Travel without tokens of gratitude to distribute to partners on arrival; resources, technologies, or labeled apparel from your home are small gestures that can lead to early relationship building.
In-country	• Practice outside of scope, including trying anything clinical for the first time. • Meet ethical dilemmas with judgment rather than intentional curiosity or openness to challenge your moral framework. • Take opportunities for clinical and research experience from local students and trainees. • Fail to spend time building relationships with hosts outside of a professional environment. • Prioritize tourism opportunities above your stated experience or relationship building.
Posttrip	• Publish without equitable representation. LMIC partners should occupy at least cofirst or senior authorship and conference presentations should be distributed 50:50. • Share information about your experience online in a way that is self-promoting, rather than elevating your partners. • Prioritize responsibilities at your home institution above your written report. • Ignore reasonable requests for resource assistance and longitudinal collaboration from hosts after your experience has "ended." • Make unreasonable promises to your partners for continued collaboration, visits, or support without tangible plans of how to follow through.

reciprocity and is key to navigating bidirectional power dynamics in global health.[26] HIC learners experience educational hierarchy as guests in LMICs, geographically and socially; hosts desire learners to have a positive experience and can benefit from HIC networks and resources. Frequent and early check-ins between learners and hosts—before, during, and after the experience—promote effective communication and help to mitigate unequal power dynamics. If priorities align early, there is greater potential for shared benefit and empowerment among learners and hosts. An equitably codesigned experience requires that learners and hosts feel equally empowered to express needs and resolve conflict from misaligned goals. Compromise necessitates a demonstrable give-and-take from both partners, such that when priorities do not align, personal or institutional sacrifices can be made.

As a learner, addressing internal tendencies toward possessiveness and immobility are important steps toward developing an ethos of sustainable and equitable global health work. Special care must be taken in how HIC learners blog or share experiences with others in their home community. Learners should consult trusted mentors at home and host settings before sharing information online to be sure the material beneficially positions LMIC partners. Learners need to ask themselves whether their writing would be considered respectful if read by those in the host setting.

8. Are the financial resources required justifiable?

Global health experiences require substantial financial investments. Learners spend thousands on travel, food, and lodging, paradoxically using extensive funds while working to understand poverty and resulting health disparities. Few recommendations exist to determine if learner global health funding could be used more effectively. For example, forgoing one's trip to directly donate an equivalent sum to the LMIC institution may be more helpful to hosts with their own clinical and research agendas. Conversely, the benefits of in-person experiences should not be negated.[27] Instead, there can be more ethical ways to navigate learner funding. Learners could pursue grants allocated specifically for global health, devoting portions toward partner remuneration and supporting local capacity based on host priorities.

An alternative approach is for learners to forgo in-person global health experiences and reallocate their time and funding toward developing tangible skills in their home setting. Effective global health careers require myriad skills: language fluency, research expertise, fundraising, and operations management, among others.[28] HIC learners who develop tangible skills early on can be more effective collaborators to global partners over an entire career.

9. How will I provide feedback to my host and home institution?

While HIC learners may not commit an entire career to one geographical area following a global health experience, providing feedback is a feasible way to practice reciprocity and longitudinal commitment to partners. In a dedicated conversation, learners should express gratitude and provide observations on their experience—both positive and constructive criticism—so hosts can improve programming. Hosts should also provide this feedback to learners. For what could be a potentially challenging conversation, learner and host must approach this interaction with sensitivity, maturity, courage, and humility to improve as a global health partner.

Within one month posttrip, learners should deliver a written report to partners at both their home and host institutions describing the experience and tangible steps for continued institutional collaboration. This practice should be formalized as a standard expectation at HIC institutions. As learners grow from future global health experiences and education, they should provide recurring feedback to previous hosts, thereby continuing years-long relationships.

10. How will I reflect on this experience to grow as a partner of global health equity?

Striving for equitable global health is a lifelong process marked by ceaseless discernment and reflection. In-country experiences can profoundly affect HIC learners' fundamental perceptions of health care, service, power, purpose, and self. Learners should conduct intentional discernment with trusted mentors posttrip to determine how their experience successfully and unsuccessfully aligned with the movement of global health equity. By combining reflection conversations with in-country journaling, learners can establish an ongoing personal record of their journey as a partner of global health equity. The Global Health Competency Self-Confidence Scale and workbook and sugarprep.org are a few of the useful resources for continued reflection.[29,30]

A learner seeing their own values develop toward equity can inspire the internal sustainability necessary for long-term global health work. Ideally, a learner's internal changes will reflect a journey toward enlightenment, decolonization, and humility and can inform future approaches that reflect equity.

Conclusion

Learner interest in global health is robust. Despite the appeal of such opportunities—international travel, cultural competency, and lasting partnerships, among many others—dilemmas proliferate, including unethical clinical practices, unsustainable medical interventions, exploitative data mining, coercive program planning, and unequal funding priorities. These, combined with a lack of guidelines for learners selecting among the plethora of opportunities for engagement in global health, threaten the movement of global health equity.

Thanks to awareness and accountability among international institutions, respectful practices and guidelines have been put forward, and improvements are being made at the macro level.[31,32] Notwithstanding, learners share responsibility to critically evaluate programs and their own actions when engaging in global health.

Our 10 guiding questions can be beneficial both to learners from HICs and LMICs who are considering traveling to unfamiliar contexts for global health experiences. Similarly, learners engaging in domestic "global–local" electives, working with immigrant, homeless, indigenous, and other local vulnerable

communities could benefit from our 10 reflection prompts. By incorporating these learner-directed questions with an ethos of personal responsibility and self-reflection, learners, faculty members, and their LMIC partners can participate in mutually beneficial experiences that are aligned with global health equity.

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