AN ANALYSIS OF THE ETHICS OF CLINICAL SHADOWING DURING STUDY ABROAD PROGRAMS

by

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The purpose of this study is to analyze the ethical concerns of undergraduate participation in clinical shadowing during study abroad programs. During a study abroad program in the summer of 2018, I conducted field research through observations in a hospital in Accra, Ghana. This thesis examines the ethical concerns which are often raised during the introduction between the patient and student; the risks and benefits to the patients; the predeparture expectations the student may have compared to what the student actually experiences; and measures that should be taken in order to reduce or eliminate the ethical concerns raised during undergraduate participation in these programs. The results found that many ethical concerns are centered around unclear or insufficient communication by all parties in addition to the participant's lack of knowledge regarding what they should or shouldn't do while abroad. Much of this confusion stems from the lack of a unified framework and guidelines for what students are permitted to perform while abroad. These ethical questions are being raised more frequently as people are becoming aware of what students are participating in while abroad. Many programs are making strides at creating opportunities which are beneficial to the student, while still prioritizing the patient's needs.

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Chapter 1: Introduction

July 4, 2018

Accra, Ghana

Today was the first day at my placement site, Pentecost Hospital, in Madina. We were given a quick tour of the pediatrics department, surgery recovery area, laboratory, and eye clinic. I noticed there were many patients sitting around in whatever chair was available, even the floor. It appeared as though some of these patients were being treated in the hallways because some people had what looked like IV's in their arms. We were introduced to people in charge of each department and we were told that during our six weeks at the hospital, we would rotate between units. We were introduced to so many people, I am not sure who my official supervisor will be. Everyone seemed nice but a few people laughed at us when we explained that we were just students who were there to shadow them. They believed we had training back home and we were at the hospital to practice what we had learned. We politely explained several times that we were just there to observe their daily interactions and see how the healthcare system works in Ghana.

After the tour, we were placed in the eye clinic for the rest of the day. It was a fairly slow day, so the nurse who performed the preliminary eye exams showed us how to give an eye exam on each other. They use an eye chart to measure how well each patient could see at a distance. Later in the day, our supervising nurse kept asking us to perform the exams on patients. At first we politely declined but it soon became more difficult to keep saying no because the nurse and patients would laugh at us. We figured there wasn't any harm in doing the eye exams while the nurse was watching us.

Eventually, I realized that the exams we were giving patients was what determined if they went back to see the doctor to get glasses, or see the ophthalmologist for a consultation about glaucoma. Seeing the doctor depended on how many lines the patient was able to read and how many letters they said incorrectly. After realizing this, I started to feel more guilty because I remembered there were a few patients who were on the edge of that cut off, and if I hadn't given the exam correctly, they may not have received the glasses they needed or the glaucoma treatment they required.

Another thing I noticed was that patients carried around notecard sized papers that had their medical information on them. Things like their name, age, reason for visit and health conditions were listed on these papers. The patients were asked to carry these around and they were required to have them before being allowed to get a screening in the eye clinic. The nurse would sometimes show me the patient's card to explain something. By doing this, the nurse was exposing the patient's private information to me. I didn't feel like I could say no because the nurse was taking the time to explain something about her job to me and I didn't feel as though it would be polite to refuse. However, I felt a little uncomfortable with looking at the patients information in front of them and without their consent.

Students who participate in clinical shadowing abroad are known for finding themselves in unethical situations at their placement sites. In some situations, it may be obvious what is and is not ethical. However, during other encounters, it may not be clear to the student that they are violating the patient's basic rights. This then raises the questions, what are the ethical concerns which should be considered while abroad and what precautions must be taken to eliminate risk to the patient and student during these encounters.

Study Abroad Programs

Undergraduate participation in study abroad programs by American students has increased dramatically over the last decade to over 300,000 as of 2016 and participation is not expected to decrease in the near future ("Study Abroad Data" 2017). One article accredits the recent popularity of these programs to the increasing number of pre-health students who want to learn more about global health (Melby et al. 2016). Due to the rise in study abroad program participation, students now have access to independent programs to go abroad, in addition to programs offered at their schools. However, there is no shared set of guidelines by all organizations, making student experiences differ between programs. In general, most programs emphasize that students will only participate in observation and that students should be pre-exposed to some of the ethical concepts they may encounter during their time abroad, but not all guidelines are consistent.

In the summer of 2018, I participated in a study abroad program called Global Health, Development and Service-Learning located in Accra, Ghana through the University of Oregon's Global Education Office (GEO). Through this program, I was

placed in a public hospital and allowed to shadow the doctors and nurses during their daily routines. In the past, students who have participated in this program have been asked to perform tasks which were beyond their qualification, such as drawing blood or performing various tests on patients. Some of these students completed tasks because they were unaware of the ethical concerns involved when students shadow abroad, while other students were never asked to perform tasks for which they were not qualified.

What are Medical Ethics?

In the United States, medical ethics are based on three main principles: autonomy, justice, and beneficence and non-malfeasance. Autonomy means having respect for persons, which is when the patient gives informed, understood, and voluntary consent. Justice refers to the benefits and burdens being equally distributed throughout a given population. Beneficence and non-malfeasance are meant to maximize benefits while minimizing burdens. Other American ethical standards in medicine include being honest with the patient, fully disclosing all information regarding their health, and respecting the patient and their family (Gillon 1994). For the purpose of this thesis, I will use these three standards, autonomy, justice, and beneficence and non-malfeasance, to analyze the ethical questions raised during study abroad experiences.

While there are many ethical principles which are unenforceable, there are laws in place to protect patients. In the United States we have the Health Insurance Portability and Accountability Act (HIPPA). This law protects patient health information ensuring confidentiality between the patient and their health provider.

Other countries have similar laws in place. Ghana has a charter which all accredited hospitals are required to follow. This charter states, "The patient has the right to know the identity of all his/her caregivers and other persons who may handle him/her including students, trainees and ancillary workers" ("The Patients Charter | Ghana Health Service" n.d.). However, there is no universal law between all countries with the purpose of protecting patients. This presents challenges for global health focused study abroad programs with a shadowing component because things which are acceptable for a student to perform in one country may be unacceptable in another.

Without clear guidelines, these programs can cause harm to patients, local communities, and students in addition to the misutilization of limited resources by both the hospital and professionals. As an increased number of untrained students shadow abroad, ethical concerns regarding the patient are becoming prominent, prompting the need for more structured programs that adjust the focus onto the patient instead of the student (Melby et al. 2016). Identifying complications, and implementing ways to reduce and eliminate potential harm to the patient and student is integral in making these programs beneficial for all parties.

Methodology

I collected the majority of my data during my eight week study abroad program called Global Health, Development and Service-Learning, in Ghana during the summer of 2018. As part of my program, I was placed in Pentacost Hospital in Madina, on the outskirts of Accra, to shadow doctors and nurses. While at the facility, I had a tour of the hospital and was introduced to providers in different departments. I was then placed in the eye clinic where I observed the nurses, optometrists, ophthalmologist, and

optician in their interactions with their patients. After a week of shadowing in the hospital, I asked to be moved to a new placement site, the social welfare and community development office, in order to remove myself from the uncomfortable situations I encountered in relation to patients and their healthcare.

Throughout this experience, I collected data through ethnographic observation and notetaking, reflecting upon my encounters at my placement sites, in class discussions, and my experience returning home. I made an effort to remain openminded and record as much as possible from each encounter. I would make brief notes in my phone, notebook, or computer until I was able to make more detailed entries in the evening. Although my main source of data was based on personal experiences, I also drew information from informal conversations with my peers about their experiences at their placement sites. After a discussion with my primary advisor and a representative from the International Review Board, we decided I did not require approval from the IRB because I was not conducting formal interviews, the ethnographic observations were not completed systemically, and because I was not collecting any identifying information.

Throughout this thesis, I have provided excerpts from the journal I kept during my time in Ghana in order to provide context and real life examples of the topics and complications I discuss. The journal entry I use to introduce this section is an overview, and my first impression, of my first day at my first placement site, Pentecost Hospital. In my journal entries, I have changed the names of the people I mention in order to protect their privacy. Not all of the students who participated in this program were placed in hospitals. Some students were placed at schools, or at the social welfare and

community development office. Even though some students were not placed in hospitals or clinics, all participants encountered unethical situations and situations that made them uncomfortable. Some of these encounters which raised ethical questions are what I made note of during class discussions and present in this document.

Limitations

One of the limitations my study faced was that it lacked information about how patients, and local health workers, feel about having foreign students shadow in health facilities. Most of the existing literature focuses more on the perspective of the student and there is little about the perspective of locals. By speaking with patients and the local health professionals, we would be able to see what they believe are their benefits and burdens from having students shadow in health facilities. When I was on my study abroad program, I asked one of our Ghanaian advisors what Ghanaians think about students shadowing. He responded saying that they don't care because it is different in Ghana than it is in the United States. Talking with patients would provide insight into the accuracy of the statement my advisor made and allow patients to share their perspective.

Another view my study lacked was that of other students who studied abroad. Without conducting formal interviews, I was only able to collect a certain amount of information on the perspectives of my peers. Therefore, I was forced to primarily use information from my personal experience. However, I believe my study could have benefited from hearing more about the experiences of others and if other participants encountered similar ethical situations.

In addition to hearing more about the perspectives of my peers on my program, I would have liked to talk to students who went abroad using an independent program instead of through their school. This would have provided insight into their preparation leading up to their departure, in addition to their experience while they were abroad, and allowed me to observe the differences between an independent program and one organized by a university.

Literature Review

Many students return from their time abroad with stories about activities they performed while shadowing in medical facilities. In the *AMA Journal of Ethics,* an article by Naheed Rehman Abassi, discusses a particular case where a medical student was sent to El Salvador for two weeks. During this trip, the student believed he would be shadowing the doctors as they went about their daily routine. However, the clinic was so busy that the doctors gave him a white coat and told him to start seeing patients, introducing himself as a doctor. The student was instructed to perform suturing after surgery. He had a brief introduction to suturing and practicing sterile techniques, but when a patient came back with an infection, the student began to question if he should be performing these tasks. When the student confronted one of the doctors about his concerns, the doctor said the rules from the United States don't apply in El Salvador. The doctor also said that they needed the help and they wouldn't have seen as many patients without him (Abbasi 2006). This story provides one example of what could go wrong when a student performs medical procedures for which they are not qualified. Things like physical harm to patients as a result of dishonesty between patients and their providers, and patients misunderstanding the role of the student, are possible outcomes

when students perform tasks in a medical facility. Additionally, this example shows why some local professionals may ask students to participate, and the pressure students feel to assist local doctors and nurses. This pressure, along with student excitement about the experience, can lead students to complete tasks which they are not qualified to perform.

One study, which focused on the impact studying abroad had on students, interviewed participants of global health focused study abroad programs. Most of the students had positive experiences saying they became more aware of how countries are different and they became more open-minded. Additionally, many students noted that the American way is not the only way, or the better way, and they were able to see how other societies function. Many of the students from this study stated that their experience heavily influenced their career path. Some of the students were accepted into internships and others pursued different professions. This study provides some examples of how students believe they benefit from these (Fennell 2009).

In her book, *Scrambling for Africa: AIDS, Expertise, and the Rise of American Global Health Science,* Johanna Tayloe Crane describes the recent rise in interest in global health as a field of study for many students. She explains how many university global health programs incorporate hands-on international experience due to the demand for global health experience from students. As an example, Crane describes a conversation she had with a student who participated in clinical shadowing abroad. This student appeared to brag about having the opportunity to perform assessments on patients, without realizing that her actions were unethical and potentially dangerous to herself and the patient. Crane also discusses how American students are far more

capable of traveling and learning in a new setting than those in other countries, making these experiences extremely one-sided. Additionally, the book discusses the debate surrounding what it means to "do" global health. Some Americans assume that in order to "do" global health, one has to travel to a lower income country where different diseases are present and resources are limited. However, as Crane and other professionals note, there are ways to gain global health knowledge in the United States. For example, through treating refugees, professionals are exposed to some of the diseases which are not common in the United States (Crane 2013). This debate of how to "do" global health is ongoing. Students feel that in order to gain global health knowledge, they need to go to low income countries and have hands-on experience with a different healthcare system. This assumption not only contributes to the rise in popularity of global health programs and increases the risk to both the patient and student during these programs, but it also perpetuates the idea that working in healthcare within the United States is different than in other countries.

In an article entitled, "Moral Maps and Medical Imaginaries: Clinical Tourism at Malawi's College of Medicine," Claire L. Wendland discusses clinical tourism within Malawi along with the response local professionals and students have to the program. One thing Malawian medical students mention is that they wish they had the opportunity to participate in a similar program as the visiting foreign students. Even though the Malawian students are considered to be upper class in Malawi, many of them were still unable to afford the cost of participating in a study abroad program. This shows that these programs are one-sided because the students from the United States have opportunities to participate in these global health programs and observe a new

culture and new techniques, yet their Malawian counterparts do not have the same opportunity.

When considering who benefits from these programs, most researchers acknowledge that American students have a much greater benefit than patients or facilities (Bauer 2017). In an article by Irmgard Bauer, Bauer explains that students benefits, like personal growth, strengthening one's resume, and earning school credit, can influence whether or not students choose to go abroad. Patients may benefit through the additional funds and resources provided to facilities as payment for allowing the student to shadow. Other studies have shown that hospitals may also benefit from the additional resources and prestige that comes with hosting an American student in their facility. This is due to the community viewing facilities that host international students differently than those that don't. Communities may benefit as hospitals develop a reputation, drawing patients into the area. Bauer explains that there appears to be little direct benefit for the patients involved in these shadowing experiences, especially when taking into account the potential risks for the patient. Bauer suggests that programs ensure their participants are prepared for their experience by participating in pre-departure preparation. This preparation will ensure that participation is limited to students who are serious about their experience, thereby eliminating the additional risk imposed by uncommitted students. Additionally, Bauer suggests that following a set of guidelines will keep programs consistent and enforce the importance of patient safety over student desires (Bauer 2017).

One suggested strategy to reduce risk during these programs is to require student participation in a pre-departure training course on ethics in order to increase student

awareness about the ethical concerns they may encounter. There are a variety of online training courses available for free. For example, Stanford University Center for Global Health and Johns Hopkins University offer a course entitled, "Ethical Challenges in Short-Term Global Health Training" which is focuses on the ethical concerns which may arise during clinical shadowing abroad. It includes ten different cases that discuss ethical situations like "Ensuring Personal Safety" and "Telling the Truth" ("Ethical Challenges in Short-Term Global Health Training" n.d.). Each case contains multiple scenarios pertaining to each topic and each case study draws from real examples that have happened. The program provides explanations about the correct answer and why the incorrect answers are wrong. Another training course, offered by the University of Minnesota called "Global Ambassadors for Patient Safety" or "GAPS", walks the student through a detailed orientation of preparing to learn, ethically learning while abroad, and how to use what they learned in the future ("Global Ambassadors for Patient Safety" 2015). Training courses such as these not only prepare students for what to expect abroad, but they also provide suggestions on how to handle unethical situations they may encounter while shadowing. This knowledge and practice then reduces the risk to the patient and student by highlighting what actions are not acceptable like performing procedures on patients or offering medical advice.

Jessica Evert, the Executive Director of Child Family Health International, G. Lawson Kuehnert from the pre-health study abroad organization Atlantis, and Tricia Todd from the University of Minnesota, have developed a set of guidelines as a reference for organizations to develop ethical, safe, and beneficial study abroad programs. The guidelines suggest that there needs to be clear communication between

all parties, prioritization of the safety of everyone involved, and pre-exposure to the culture of their host country. As the document explains, “These guidelines are essential because of the competency and systems based nature of safe and effective health care and public health provision” (Evert, Kuehnert, and Todd 2018). As this document explains, health care systems vary between countries and most American students have not experienced a healthcare system outside of the U.S. This, coupled with a lack of communication between all parties and unreasonable student expectations, can lead to students participating in tasks for which they are not qualified. By having a clear set of guidelines for programs and students to follow, these potential problems can be eliminated, ensuring that the program is a positive experience for all parties.

Chapter Two: The First Impression

July 4, 2018 (continued)

Accra, Ghana

One thing I noticed during our introductions with our superiors was that they all assumed we were medical or nursing students. When we explained that we were just there to observe, they laughed at us and said things like, "No, you were taught something back home and you are here to practice and learn more" and "what is it you want to do while you are here?" I didn't exactly know how to respond to these statements other than to say that I was an untrained student who was just there to watch and learn. Whenever I said this, they would start laughing but I did the best I could to explain my situation. Maybe if one of our Ghanaian advisors helped explain my situation, it would have helped.

During the day, some of the patients would talk to me as we waited for the nurse to perform the eye exams. Most of them were very nice and interested in talking about where I was from. Like my superiors, they too assumed I was a medical or nursing student. Again, when I explained that I was in undergraduate school, they either didn't seem to understand or they were surprised that I didn't have any medical training.

Most of the patients didn't seem bothered by us being there and watching, but I don't know how many (if any) were asked for their consent to allow us in the room. I never saw our superiors ask them and I didn't feel comfortable asking them myself. Judging by how a few of the patients acted towards us, I don't think they were asked for their permission or told that we were present in the clinic.

I didn't wear a white coat today, and not many of the doctors in the hospital did, so I don't think I will be wearing one while I am placed here. Although, some of my peers might be asked to wear one while they are at their sites and I know students were asked to wear them in the past. Before departing I was told by a few people to bring a white coat for my placement site.

Patient Consent

Many countries, including the United States and Ghana, have laws in place which require patient consent to allow student observation in hospitals and clinics. Asking a patient for permission while the student is not present makes it easier and less stressful for the patient to deny consent, if that is what he/she wishes. Additionally, when patients are asked for their permission to allow an observer in the room, they may feel as though they are unable to say no, even if the student is not present. In some instances, the patient might be asked for consent, but they may not fully understand that they can decline or they may feel uncomfortable telling their doctor no. In order to avoid this uneasy feeling, the patient may say yes, allowing a student observer into the exam room. If the patient believes they will receive a reduced quality of care by declining, they may be much more likely to allow the observer in the room. Even if the patient is uncomfortable, they may ignore their feelings if they believe doing so will provide them with better healthcare.

In my journal excerpt above, I explained that I was unaware if patients had been asked for consent to allow me in the room. Based off of a few interactions I had with patients when they saw me, I assume they were not aware of my presence until they saw me in the room. I did not feel like I was the right person to ask them for their consent or broach the subject. With the exception of one man, none of the patients appeared to be uncomfortable with my presence. However, I acknowledge that they might not have been outwardly showing how uncomfortable they felt because they may have been masking their emotions and feelings.

How the Student is Introduced

The manner in which the student is introduced sets the tone for how the patient views the student. It can also affect what the patient expects from the student during their encounter. For example, being introduced as an intern gives a different impression than being introduced as a student because interns usually have some training in the field. Another example can be seen in a paper which discusses a medical student who joined a group of surgeons on a trip to El Salvador. On the first day, the student was given a white coat and told to introduce himself as a doctor. He was instructed to begin seeing patients, and after having a brief introduction to suturing and practicing sterile procedures, he began seeing patients before and after surgery and without supervision (Abbasi 2006). Even if this student had permission from the patients, the student misled the patient by introducing himself as a doctor. In this situation, the patient's autonomy was undermined because they were not completely aware of the qualifications of their health provider, meaning they were not able to give informed consent. It may seem obvious that this situation was unethical, but the student did not notice the problem until a patient returned with an infection. If the student had properly introduced himself, the harm to the patient may have been avoided since the patient would have known the truth. If the student had known the identity of the student, they may have expressed some concern with an untrained person suturing their incision. Students performing procedures significantly increases the risk of a medical error or harm to the patient. However, proper introductions could prevent these mistakes because the patient would be aware of the identity of their caregiver, and have the opportunity to express concern over being treated by an underqualified person.

In most countries, like Ghana and the United States, there are laws in place to protect patients and ensure that they are aware of the identity of everyone involved in their healthcare. During my experience, I was never properly introduced to the patients. If they inquired about my experience level, I would tell them I was an student preparing to go into a professional school. However, to the best of my knowledge, unless the patients asked, they were not told my identity and qualifications.

When a student is incorrectly introduced as a doctor or nurse, or even one in training, the patient's autonomy has been violated because "Respect for autonomy also requires us not to deceive each other" (Gillon 1994). In order to uphold a patient's autonomy, the patient must be able to give informed, voluntary, and understood consent to allow the student to sit in on the appointment. Even being introduced as a medical or nursing student implies the student has some knowledge about patient care. This is because students in pre-professional programs are introduced to clinical training within the first few years of their education. However, undergraduate students most likely have not had any formal medical training, making this assumption and introduction inaccurate. Being introduced as a doctor or nurse implies that the student is a trained professional because in order to have earned that title, one must have completed training in the field. Even if this deception is unintentional, the patient is being misled and their autonomy is not respected.

What the Student is Wearing

From the moment a student walks into the exam room at a clinic or hospital, the patient begins forming an opinion of the student based on how they look and act. Studies have shown what someone wears in a hospital setting affects how patients view

that particular person (Petrilli et al. 2018). If the student is wearing a white coat, the immediate assumption is that they are a qualified doctor because in many countries, "A depiction of a physician in a white coat is indeed the symbol of medicine, eclipsing the black bag and stethoscope" (Hochberg 2007). One U.S. based study found that patients viewed someone wearing a white coat over their clothes, such as regular clothing, scrubs, or business attire, as more knowledgeable than if that person were not wearing a white coat (Petrilli et al. 2018). This study shows that the white coat is a very prominent symbol of medical knowledge and a common assumption is that someone wearing a white coat is a doctor.

Personally, I was not asked to wear a white coat at my placement site. However, others on my program were asked to wear white coats, along with stethoscopes, while at their sites. This presents a dilemma because it would not be unreasonable to assume that students were trained professionals based on their appearance in a white coat, when in actuality, they had no medical training.

Additionally, seeing someone wear a white coat in a clinic can cause a mental and physical response in a patient, known as white coat syndrome. White coat syndrome is a condition where the patient experiences hypertension when they see someone wearing a white coat, like a doctor. This condition usually occurs when the patient is feeling nervous or anxious about seeing the doctor for the particular condition which brought them to the clinic. This hypertension can exacerbate or skew the initial condition, making a diagnosis more challenging, or possibly incorrect (Franklin Stanley S. et al. 2013). In this way, simply giving the wrong impression to a patient can have unnecessary physical side effects and can negatively impact their health.

Chapter Three: The Patient

July 24, 2018

Accra, Ghana

Today while the group was talking, Marissa mentioned an uncomfortable experience she had at her placement site. She was placed in a clinic and so far she seemed to be enjoying her time there, with no complaints. However, she said that earlier in the week, while she was shadowing one of the doctors, a patient asked for her not to be in the room during his appointment. He was there for something regarding his genitals and he was uncomfortable with having the student in the room. Marissa said she completely understood and she didn't mind stepping out, but the doctor told her no. The doctor told the patient that Marissa was there to learn and she needed to stay in the room. Marissa did not feel comfortable with this so she politely declined to be in the room and stepped out, so the patient could have some privacy with the doctor. I think Marissa was shocked that the doctor was pushing the patient to let her stay in the room when he was obviously very uncomfortable with the situation.

Short Term Patient Risks

Some patients may feel uncomfortable having a complete stranger sit in on their appointment with their doctor. Even if they agreed to allow the student to sit in during their visit, they may still feel uneasy. This nervousness could lead to the patient lying if they are too embarrassed to answer truthfully, potentially causing their diagnosis to be altered and affecting the patient's health. An example of a subject which a patient may feel uncomfortable discussing is their sexual health or HIV status. HIV is highly stigmatized across the world and many people are afraid to discuss their HIV status because they feel they will be judged. When a foreign student is observing the exam, some patients may find it very uncomfortable to discuss their status, causing them to hide the truth from their doctor. In my journal excerpts above, I recount a story I was told by one of my peers. At her placement site, one patient expressed concern about having her in the room during is exam. The doctor proceeded to pressure the patient into allowing the student in the room. Eventually, the patient conceded. However, the student removed herself from the situation because she wanted to respect the patient's original wishes. This instance shows that not all patients are comfortable having a stranger in the room, especially when discussing sensitive subjects. Additionally, we can see that sometimes patients feel pressured into allowing the student in the room, even though they would rather decline. Situations such as this can cause the patient to feel added stress and anxiety in addition to the emotions they already feel when going to see the doctor.

By having a student observer in the exam room, the doctor may feel obligated to narrate what they are doing with the patient to help the student follow along. This

process takes the doctor's time and attention away from the patient and places it on the student (Bauer 2017). Appointments are usually already very brief, some lasting for 30 minutes or less. Therefore, even taking five to ten minutes to explain something to the student could affect the quality of the patient's diagnosis and interaction with their doctor. If the doctor is distracted by the student, the doctor may not ask the patient enough questions to fully understand their symptoms. If the patient feels neglected by the doctor, they may not fully explain what is wrong, leaving the doctor with even less information. Additionally, if the student does not speak the same language as the patient and doctor, the doctor could feel the need to translate for the student to help them understand. Again, this takes away the doctor's time and attention and places the focus on the student rather than the patient.

The biggest risk to patients is their physical safety. Many program participants have returned home with stories about practicing medicine abroad. In some of these stories, like the ones I heard from past participants of my program, the patient suffered no additional injury or pain. However, this is not always the case. Even if a student partakes in these activities but the patient does not experience any harm, there is a significantly higher risk to the patient because the student's wants were prioritized over the patient's safety. Some procedures lead to minimal harm to the patient, but even this is unnecessary because it could've been prevented if a trained professional had performed the procedure. Other procedures, like delivering a baby or assisting in surgery, can cause extreme harm if not completed correctly. It may be obvious that these more serious and complicated tasks should be completed by a professional, however, this is not always the case.

Some students may feel pressure to perform complicated procedures if they see that the clinic is in need of helping hands. During these times, it may be easy to think that some help is better than no help. During my program, one of my instructors told our class a story where one of her previous students delivered a baby in the hospital where she was placed. Our instructor explained that the student felt as though she could handle the emergency situation because she had seen a number of births. Additionally, she believed the doctors were in need of an extra pair of hands, since everyone on staff at the time was busy with other tasks. Our instructor told us this story as a way to explain what not to do at our sites. In this instance, the mother, baby, and student were all physically unharmed. However, because the student was untrained, the risk to the patient and her child was drastically increased when the student decided to handle the situation on her own. Although the student did not make the correct decision, in the moment the student believed she was the best option for the patient and her baby because the rest of the staff was unavailable. This thought process is what led the student to believe she was the mother and baby's only logical option.

During particularly busy times within a facility, some professionals may appreciate students helping with simple tasks like taking patient vital signs because it reduces the amount of busy work they must complete. However, other professionals may find that students add to their to-do lists because they consider the student to be a nuisance or distracting. By only acting as a shadow of the professionals, the student can ignore the flawed assumption that some help is better than no help, and reduce risk to patients.

Long Term Patient Risks

In addition to immediate harm, some patients may experience long term effects after being treated by a student. While at my placement site in Ghana, I performed a handful of eye screenings on patients. These screenings consisted of the patient reading from a classic eye chart, with one eye obstructed, until they incorrectly identified a letter. Once they said an incorrect letter, the patient was allowed to complete the row they were reading from. The patient was then instructed to stop reading and they were given a number based on how many letters they said incorrectly from that row. This process was then repeated for the other eye. The combination of the row the patient experienced trouble seeing and the number of letters they missed indicated whether or not that patient would see the optometrist to be measured more thoroughly for lenses or the ophthalmologist to be examined for glaucoma. Some of the patients obviously needed to be seen by the optometrist or ophthalmologist because they couldn't read past the first or second row. However, other patients had scores that were on the line of requiring further exams. When I conducted the screenings, I was unaware that not all patients went to see the optometrist or ophthalmologist, and that the screenings I conducted was the deciding factor in whether or not the patients were examined further. If I had incorrectly given the screening, the patient may not have received the prescription lenses or glaucoma treatment they needed. While these are not directly life threatening, not being able to properly see can cause complications in both the workplace and daily life. Glaucoma is a disease where increased pressure in the eye compresses the optic nerve and impacts the images that are sent to the brain for processing. Without careful observation and treatment, glaucoma can lead to vision loss

and blindness ("Endemic Diseases and African Economic Growth: Challenges and Policy Responses" n.d.). If the patients I saw did not see the ophthalmologist, they would not have received the early treatment they needed. Eventually their optic nerve would be compressed and their vision would start to be impaired. Even though I did not cause the patients any direct, physical harm by performing screenings, patients could have experienced long term effects like poor vision or eventually blindness because they did not receive proper medical treatment.

Patient Benefits

Although shadowing students could distract doctors during appointments, they also have the potential to cause doctors to focus more on the patient. If a student is watching a doctor interact with a patient, the doctor may feel pressure to be more thorough during the appointment. Additionally, by not skipping steps, the doctor may be more inclined to explain the situation at a level that is easier to understand for both the student and patient.

As an incentive and compensation for allowing students to shadow, placement sites are given money. While this money doesn't directly go to the patient, the money allows clinics and hospitals to obtain more resources. These resources then allow for health professionals to provide better treatment for their patients in the future.

Host Facility Risks

One potential risk to host facilities is that patients may seek treatment at a different location if they believe they will receive worse care at the facility with student observers. Some patients may not feel comfortable having a student observe their

appointments and if they know that a particular facility frequently has student observers, they may be more inclined to get treatment elsewhere. Additionally, if the patient received sub-par care at a facility with a student, either because the student made them feel uncomfortable or because the student caused them harm, the patient may avoid that facility to prevent another negative encounter. Especially if the facility develops a reputation for hosting students, permitting students to treat patients, and having bad outcomes, patients may decide to go to a different facility in order to receive better healthcare.

Host Facility Benefits

One of the main benefits for host facilities is that they receive funds for hosting students at their site. These funds can then be used to buy more medical supplies, make necessary repairs to the facility, or allow for the hiring of a new medical professional. Many facilities constantly lack resources, like physical supplies or personnel, to adequately treat all patients. Consistently hosting students provides the facility with a source of funds that they can rely on, allowing the hospital to treat patients more efficiently and effectively than before.

In addition to being another source of funds for the hospital, students add a level of prestige to the facility. A hospital that is capable of hosting a foreign student to shadow for an extended period of time can become known as a higher caliber facility. If the hospital is able to have foreign students return year after year, this further boosts their reputation of the facility within the community.

Community Risks and Benefits

One of the main risks to the community when students perform procedures, is when patients decide to seek treatment at different facilities if they feel they will receive better care at a different hospital. As more patients travel to different facilities, less traffic moves through the community. This lack of traffic through the community could hurt local businesses as fewer people frequent the area and purchase items from these businesses.

The main benefit for the local community comes from when the hospital gains more prestige. As the facility develops a positive reputation, patients may be drawn to the area to seek better medical care. As a result, the community may see more customers in their local businesses. This boosts the economy of that particular community and benefits those who live there.

Chapter Four: The Student

July 27, 2018

London, England

The never ending trip continues. Sara and I have a 24 hour layover in London which is fun but I'm tired of traveling and I still have another leg to go. I figured I would take some time to write about what I'm hoping to get out of this trip and experience. Based off of what past participants of this program have said, I already know that I may be asked to complete tasks at the hospital. Right now, I am pretty confident that I will be able to decline, but I realize that may change in the moment when I am actually there. Some of the past participants I spoke with told me stories about others who were drawing blood and starting IVs and who were told they would get to help deliver a baby. The girl I spoke to said she only took vitals because she was a certified nurse and she felt comfortable doing that because she had been trained

I do hope that this will help set me apart from other applicants for optometry school. However, I hope it will be because it shows that I am passionate about expanding my knowledge and that I try to push myself outside of my comfort zone rather than simply my pre-exposure to patients.

As for the physical conditions, I was told the electricity frequently cuts out for hours at a time so my guess is that will happen. I am curious to see how the power outage is handled in a hospital where patients are constantly being treated.

I'm not entirely sure what to expect for my placement site. I know I will be placed in a hospital for my service learning site but I don't know how big it will be or what the procedures will be like. I don't know if the doctors will think I am just in the way or if they will be happy to help me learn. Since I don't know what will happen, this will be good practice for me to go with the flow and make adjustments as needed.

Pre-departure Expectations

One misconception students have prior to departing on their programs is that they are going to practice medicine, save lives, and deliver babies while abroad (Bauer 2017). Assumptions like this could be a result from past participants bragging about their hands-on experience on social media or in person. Additionally, some students may assume they will be permitted to perform these tasks because they believe that U.S rules and regulations don't apply abroad. Some students see these programs as an opportunity to get a head start on what they will learn in medical school because of their unrealistic expectations upon entering the program. In some ways, they are right. They are getting a glimpse into a different healthcare system, how professionals in another country handle cases they are presented with, and they are getting more exposure on how doctors and patients interact. However, students shouldn't be using their experiences as a chance to get ahead or practice their technique on patients. As one professional in Tanzania said in reference to students wanting to observe the maternity ward, "This is not a zoo. It is not a place for you to look in on things you wouldn't normally be able to see" ("First, Do No Harm: A Qualitative Research Documentary" n.d.). Students shouldn't treat the patients they see as test subjects or guinea pigs for their own benefit and instead, they should have realistic and respectful expectations for their experience.

Some students, may assume that hospitals in other countries function in the same way as the United States. However, this is not always the case. In Ghana, there are different types of hospitals, such as public, semi-public, private, traditional healing, and faith based hospitals. Patients are permitted to go to any hospital, however the cost will

greatly differ between locations. When students arrive at these locations and see the lack of both resources and medical professionals, they may feel inclined, and obligated, to do what they can to help. It can be challenging to stand around and observe when people are in obvious need of medical assistance. One article discusses this flawed assumption that some help is better than nothing. According to this article, the only exception is when "patients require immediate care to save their lives. Here the students would be expected to act as good citizens and do their best, but not under the pretense of being qualified doctors" ("First, Do No Harm: A Qualitative Research Documentary" n.d.). In some situations, it may be easy to believe that some help is better than nothing in underserved populations due to the lack of available workers. However, wanting to help while not having proper knowledge can be a harmful and potentially deadly combination.

In some cases, the student may expect to "improve" or "fix" a piece of the healthcare system in their host facility because they believe they could do a better job than the locals at their job site (Sullivan 2018). For example, some students may think they have a better organization process in the laboratory or records departments and try to implement or push these techniques on their coworkers. While other countries have different methods than we do in the United States, it doesn't necessarily mean they are doing something wrong. As one student participating in a study, which focused on student reflections on their study abroad experiences, noted, "the American way is not necessarily the best way" (Fennell 2009). From what I saw in Ghana, having a record system that is solely on computers would not work as it does in the United States because of frequent and unexpected blackouts. To circumvent this, physical records are

primarily used. After check in, patients carry cards containing their health information from one department to another. At each location, more information and papers are added to the card. These are physical records of the patient for that particular day. Even though using computers may be easier and more practical in the United States, the opposite is true in Ghana. With unreliable electricity, computers are not dependable for use in the healthcare system. In Ghana, they have found a method that works for them, and students shouldn't go into these programs thinking they can change what is already in place.

Students often have a tendency to begin these programs thinking they will be more competitive in the application cycle for health profession schools because they will already have experience treating patients (Bauer 2017). Becoming a stronger applicant may be a contributing factor prompting students to participate in these programs because they believe they will be seen as already having experience as a physician. However, other students may believe their experience will benefit them because they were being exposed to a new culture and environment. Others believe they will have the opportunity work directly with patients, which would boost their application and make them an obvious choice for admissions committees.

Students may enter these programs thinking they will have a chance to "do" global health. As the field of global health is expanding, more students want to learn about global health issues. Some may assume that the best way to learn about these issues is to personally experience them by traveling to a lower income country so they can "do" global health. What they may not realize, is that they have opportunities to learn about global health in the United States (Crane 2013). As Johanna Tayloe Crane

explains in her book, *Scrambling for Africa: AIDS, Expertise, and the Rise of American Global Health Science,* in order to learn about global health, students don't have to travel very far. The United States provides opportunities to learn about global health just like countries like Mexico, Ghana, India, and others. The only differences may be in what specific global health topics are prominent. It isn't necessarily a bad thing that students want to learn about global health topics in other countries, as long as they realize they don't need to fly to another country to expand their knowledge about global health and what it entails.

It is important to note that not every student participates in these programs thinking they will have a chance to do all these things. Some students enter these experiences expecting to simply learn by observation and by absorbing as much information as possible. Prior to departing, some students are aware that they will be presented with ethical dilemmas and they have been trained in how to handle these scenarios. Some students are aware that not every healthcare system looks like the one we have in the United States, and they do not expect to "fix" anything. Unfortunately, the stories of those students who do expect to treat patients, and "fix" things, tend to overshadow the stories of those who don't.

Student Risks

A side effect of performing tasks abroad is that the student may experience physical harm in addition to the patient. A classic example of this is a student contracting Human Immunodeficiency Virus after accidentally pricking themselves with a needle from a blood draw. This situation would have been avoided if the student had not been permitted to perform blood draws from patients. Personal physical harm is

a side effect that can be overlooked by students because medicine is generally not considered to be a dangerous field. However, when someone who is untrained begins to practice medicine, they are unaware of how to be safe and the risk of medical error greatly increases.

Another potential risk to students is the emotional and mental toll that comes from knowing you were the reason someone was physically harmed. In the event that a student performs a task and accidentally harms the patient, the student could feel immense guilt over their actions, especially if they knew they were unqualified for the task. Furthermore, if a patient died as a result of the student's actions, that student would most likely experience extreme mental distress which they would carry with them for the rest of their life.

One unexpected risk is that students may be rejected from medical, nursing, or other professional schools because they practiced medicine when they did not have the proper training and certification. As these ethical questions are being acknowledged, more admissions committees are beginning to decline admission to students who partake in these activities. When students brag about these experiences, they may believe they are improving their chances of being admitted. However, professionals see that the student had a serious lapse in judgement which could have resulted in injury or death to a patient, and they don't want to reward that behavior.

Student Benefits

One benefit for students who participate in clinical shadowing abroad is that they have a unique opportunity to experience a different healthcare system. Some students may assume that hospitals and clinics function the same across all countries

and unless they experience healthcare in another country, they may not realize their assumption was incorrect. By shadowing in a facility abroad, students see how resources are utilized differently than they are in the United States. Additionally, students are exposed to the interaction between the provider and patient. While students have this access in the United States, the exchange that occurs between the provider and patient may differ as resources and living conditions vary across countries. This is because what would work for diagnosis or treatment in the United States might not be practical or feasible in other countries.

Another benefit for students participating in clinical shadowing abroad is that they are exposed to global health issues which many other countries face. For example, diseases like malaria and tuberculosis are uncommon in the United States but are endemic in other parts of the world like Africa (Weil 2010). This means that as students travel to these countries, they are receiving hands-on exposure to these diseases, how they are treated, and their impact on the people within the area.

One of the assumptions made by students before departing on these programs is that their experience will boost their application for professional school. Participating in study abroad programs can make applicants more competitive because the experience shows that the applicant is a well-rounded candidate. Experiencing a different culture, healthcare system, and way of life is an opportunity that allows students to grow and expand their knowledge. When asked why it is important to study abroad, one student who participated in a study regarding the impact of studying abroad said, “This can be such a life-changing experience in providing an opportunity to examine who you are and why you are that way as a result of where you were raised. It is so easy to see life

only through the lenses of our particular culture, but it is so enriching to try a new perspective" (Fennell 2009). Having this new perspective benefits students because it allows them to see things in a way that others can't. This is a valuable point of view which can make applicants unique and stand out from others.

My Experience

In the journal excerpt I provided before this section, I discuss what I knew, or thought I knew, going into my program. I had discussions with past participants about their time abroad and many of them told me about the ethical concerns that arose for them or their peers on the program. Right away, I knew there was a strong possibility that I would also be presented with these ethical concerns. I had time to think about how to handle these situations and practice how to say no to people asking me to perform tasks. One past participant mentioned that she was a certified nurse so she felt comfortable with taking vital signs. Although I know how to measure blood pressure and someone's heart rate, I have not been certified. Therefore, I knew I shouldn't take a patient's vital signs at my placement site. I was hoping this program would set me apart from other optometry school applicants, but as I mentioned above, I hoped I would be set apart because of what I learned through the experience and not what I was able to perform.

Looking back, the communication between myself, GEO, the Ghanaian advisors, and my placement site was not efficient or effective. There was extensive miscommunication between all parties on what I was permitted to do and very few of my questions were answered. Even though I knew I was only allowed to observe, it seemed as though my supervisors at the hospital either misunderstood or were unaware

of my limitations. At the hospital I was frequently asked to conduct eye exams, and although I practiced and was mentally prepared to say no to my superiors at the hospital, saying no in the moment was more challenging than I originally anticipated. Additionally, it was difficult for me to sit and watch nurses perform eye exams when I had capable hands and I could tell they could use assistance. Eventually, I did perform a handful of eye exams because I thought it couldn't hurt anyone. However, when I realized I had misunderstood the role the screenings had in whether or not a patient got glasses, I immediately stopped. Even though my actions did not cause any obvious direct physical harm to the patient, I have no way of knowing what long term effects I may have caused each patient.

Chapter Five: Future Steps

August 13, 2018

The Dalles, Oregon

I've been home for a day now and the adjustment has been hard, almost harder than the adjustment to Ghana. I have to submit my review for GEO soon and I'm not entirely sure what to say. I think this program was an amazing experience, but there were quite a few things that should have been handled differently. Before we even got to Ghana, there was very little communication between us and our GEO advisor. I had at least 3 important emails that went unanswered and I had to rely primarily on what I was told from past participants. Also, we were not told about our placement sites and host families until 4 days before we left. This was problematic because I wasn't sure what clothing to pack for my placement site, since I didn't know where I would be.

When we got to Ghana, it was clear that there were some communication problems between Sam, Michael, [our Ghanaian guides who helped us with our placements, homestays and any problems we had] and the GEO office. I mentioned to our main advisor in Ghana that I had been asked to be moved out of the hospital placement site and that the GEO office had said the Ghanaian's weren't able to change my placement site. He looked very confused and said that they were not told that I needed to be moved. The Ghanaian's also hadn't heard about the ethical concerns that had been raised about being placed in clinics and hospitals. Just by that it was pretty clear to me that there had been little communication between the host site and GEO.

Also, the communication between our placement sites and Sam and Michael was rocky. At the hospital, my partner and I had to tell our supervisors what we were and

were not allowed to do. At my second site, my partner and I were frequently required to meet our coworkers at different locations for our daily work. Navigating the Tro Tro transportation was a bit overwhelming when we didn't really know where we were going and only had vague instructions on where to meet. When we told our Ghanaian advisors about this, they were surprised and said that we shouldn't have to do navigate a new transportation route on a daily basis without help. I don't know where the issue was, but I think the communication problems are something that needs to be fixed before more students go on this trip.

In addition to better communication, we really needed a better introduction or tutorial on ethics and the potential scenarios that might arise. We did have to do the ethics course offered by the University of Minnesota, but they told us we needed to do it about two weeks before we left. To me, it felt more like an afterthought instead of an opportunity to learn how to handle unethical situations.

Things to Start

While it may not be feasible to eliminate clinical shadowing from study abroad programs, there are measures which can be put in place in order to minimize, if not prevent, any ethical violations during observational experiences. For example, the Association of American Medical Colleges (AAMC) has a set of guidelines for students and programs to use in order to create a safe environment for the patient and student. One of the recommendations is that students are only permitted to shadow and they are "not allowed to have any direct or indirect contact with patients, regardless of a Fellow's past experiences or certifications" (Fennell 2009). Following this guideline would help prevent students from partaking in any activities that they are not trained to complete. This guideline also takes into account that some participants may have prior training in the medical field. However, the recommendation by the AAMC is to prohibit everyone from completing tasks, even those who have previous training. This requirement would reduce any confusion about why some students were permitted to treat patients while others were not, and it would help ensure that all students are treated equally at the sites.

Programs run by Child Family Health International (CFHI), have a set of guidelines they all follow in order to ensure their participants have ethical and safe experiences abroad. Some of these guidelines include ensuring that the main purpose of the program is for the student to learn about healthcare through observations only, collaboration to define the roles and limitations of all parties involved, ensure the safety of all parties involved, and ensure that students are properly prepared for their experience by learning about the culture of their host country (Evert, Kuehnert, and

Todd 2018). All of these guidelines are designed to allow the student, patient, and host facility to have a positive learning experience. By following a defined set of guidelines, which take ethical concerns into account, the physical risk to both the patient and student is significantly reduced, if not eliminated, allowing all parties to benefit.

Both the student and home institution need to ensure that the student is prepared to travel and handle the variety of experiences they may encounter abroad. For example, requiring participants to take a training course in which they are presented with unethical situations could help prepare them for some of the encounters they may experience at their placement site. There are a variety of ethics and safety workshops available to students and their home institutions. The University of Minnesota has an online workshop called Global Ambassadors for Patient Safety. This program is available for free, on the pre-health student resource center page for the University of Minnesota. In this program, the student is walked through various scenarios regarding patient care and ethics ("Global Ambassadors for Patient Safety" 2015). Requiring that all participating students take this or a similar course could help to eliminate confusion surrounding what students are and what they are not allowed to participate in while at their placement sites. Prior to departing on my study abroad program, I participated in the training course offered by the University of Minnesota. However, we were told a couple weeks before we departed that we needed to complete this course. This short notice made the information feel like an afterthought and unimportant. I did not feel as though this course benefitted me because it did not seem as though GEO thought it was a valuable tool. I believe if the course had been treated as a more serious matter, the information would have seemed more important and helpful.

One study examined ethical concerns and safety surrounding student shadowing and volunteering during global health focused study abroad programs. This study found that both ethical and safety issues are not properly explained and that these programs must, “abide by medicine’s fundamental rule of primum non nocere” (Dell et al. 2014). Primum non nocere means to do no harm. Therefore, in order to help prevent harm to patients and students, this study suggests they participate in a pre-departure training program, either online or in person, like the one explained above.

In addition to a tutorial on ethics, students should be pre-exposed to the culture they will be immersed in while abroad. One study, which surveyed health professionals in low or middle income countries, asked what qualities locals would like their international students to possess. Of the professionals interviewed, 87% said it was important for the student to have a predeparture “awareness of how culture influences patients and health care” (Cherniak et al. 2017). This statistic shows that providers value students having knowledge about their host nation’s culture, prior to being in the community. This knowledge about culture allows for an easier transition and ensures that participants are more culturally aware in the hospital setting. One way to accomplish this exposure would be to require that students take a training course to introduce them to the culture and traditions of their host country. This knowledge would allow the student to better understand the role of healthcare in their host country and have more meaningful interactions with the people they encounter.

One issue with these programs is that American students are far more capable of going abroad to shadow and experience healthcare than students in lower income countries. This makes these experiences very one sided because students from the

United States are able to learn from their experience in lower income countries but not the other way around. In an article by Claire L. Wendland called, "Moral Maps and Medical Imaginaries: CLinical Tourism at Malawi's College of Medicine," Wendland discusses the perspective of Malawian medical school students on American clinical tourists. One of the main concerns Malawian students expressed was that they did not have the same opportunities to experience different healthcare systems as their American counterparts. As Wendland explains, "Although a third of the comments students made about clinical tourism reflected Malawians' desire to be tourists-medical spectators rather than medical spectacle-none of the medical students I interviewed had yet done any medical training in hospitals beyond Malawi's borders" (Wendland 2012). This shows that Malawian medical students want to have the same opportunity to experience healthcare systems as American medical students, but they don't have the ability. One way to remedy this, would be to increase the number of bidirectional programs that allow students to come to the United States to shadow in a healthcare facility and professionals (Melby et al. 2016). Making programs more bidirectional would help enforce the idea that these programs can be beneficial for everyone involved and help all students, not just American ones.

Things to Stop

One thing that adds to the confusion and miscommunication surrounding the role of the shadowing student, is the use of confusing or misleading terms. Words such as "intern" or even simply "student" can give the wrong impression of who the observer is and their responsibilities. The term "intern" is misleading because it implies that someone has training and is working on expanding their knowledge and experience. In

the case of these programs, the students are not trained and do not have the proper training to work in clinics and hospitals. More confusion can occur when the student is introduced as simply a "student". Saying referring to someone as just a student leads to confusion because most people assume they are a student in nursing or medical school. Part of this could come from the fact that other countries don't have undergraduate programs before going to medical school. Instead, prospective doctors are able to go straight into medical school. While in Ghana, I asked my host brother about what it takes to become a doctor. He said that in Ghana it was different than in the United States because he didn't have to go to undergraduate school. He was able to go straight into a six year medical program. By eliminating the use of misleading terms during communication between the host site, home institution, and student, some of the confusion about what the student is allowed to participate in could be alleviated, keeping patients safer.

One of the biggest things that students need to stop, is performing hands-on work with patients. Doctors abroad are not oblivious to the fact that many volunteers are unqualified to practice medicine. One doctor said, "You find [volunteers] who have studied biology come to practice in the hospital, and they don't know anything!" (Sullivan 2018). Some students overestimate their abilities and use their supervisor's confusion about their qualifications to their advantage. One way students do this is by referring to themselves as pre-med students in order to gain access to patients. Ideally, by implementing some of the suggestions above, like better communication and avoiding misleading terms, students will stop performing tasks abroad because they

become aware of the ethical implications or because they are not asked or allowed to provide assistance.

As I mentioned in my journal excerpt at the beginning of this section, at the end of my study abroad program I submitted a review of my experience. In the review, I was asked basic questions of what worked and what didn't work throughout the experience. The program I participated in is still new, and each year GEO tries to improve the experience. In my feedback, I mainly noted the lack of communication and how the ethics training course could have been more effective. One previous participant I spoke with mentioned that they were not required to take a training course on ethical situations they may encounter. My group was required to take a training course on ethics, although it felt like an afterthought as opposed to a valuable learning experience. One of this year's participants told me the training course is being integrated into their predeparture checklist as a task they must thoroughly complete and understand before they are allowed to go abroad. This trend shows that steps are being taken to ensure that this program offered by GEO is as safe and ethical as possible. Participating in clinical shadowing abroad is a unique experience because it enforces the idea of expanding one's knowledge about the world through experiencing it hands-on. By following proper guidelines, ensuring the safety of all parties, and prioritizing the patient's needs, students who partake in clinical shadowing abroad can have a valuable experience while still respecting the patients.

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