



BACKGROUND

Interest in Global Health among health professions students has skyrocketed in the past decade, commensurate with an exponential increase in opportunities for “field” work. However, very few programs have robust pre-departure programs to prepare students for the unique ethical challenges of working in resource-limited settings.

We designed and piloted a novel ethics training tool for students, residents and fellows in the health professions, using simulations with trained actors and real life scenarios.

METHODS

- Conducted an extensive literature review
- Reviewed available ethics curricula (including online modules)

- Conducted 3 Focus Groups (n = 16 participants) of faculty representing Schools of Medicine, Pharmacy, and Nursing
- Focus Groups informed the development of 8 simulation scenarios using real life experiences of the faculty

- Four scenarios were selected for piloting
- Standardized patient actors trained
- Simulations piloted (n = 27) with trainees from the Schools of Medicine, Pharmacy, Nursing, and Dentistry
- Pre and post simulation surveys completed
- Focus group of participants conducted

SIMULATION-BASED TRAINING

FOUR SCENARIOS

Trainees have to decide on their course of action when faced with:

- A patient who urgently needed a procedure outside of the trainee’s scope of practice
- An HIV positive pregnant woman who feared being ostracized and harmed if she started treatment
- A hospital pharmacist who secretly diverted medications to poor patients without charging standard fees
- A pregnant minor who will die without a C-section, but is not allowed to go to the hospital because of gender norms



DEBRIEFINGS

After each simulation, an expert faculty facilitator leads a discussion:

- Opens discussion with participants’ observations about the optimal courses of action under the circumstances
- Asks a series of standardized questions that address key ethical issues and concepts
- Develops strategies when confronted with the dilemma, including whom to consult
- A discussion of participants’ emotional state and preparedness to deal with such dilemmas

DISCUSSION

- We have piloted a simulation-based training with trainees from medicine, nursing, pharmacy, and dentistry.
- Program evaluations assessed the impact of the training on participants’:
 - exposure to common ethical issues in global health
 - ability to strategize and deal with ethical dilemmas
 - ability to identify someone to turn to for guidance.
- The results showed a significant increase in all areas.

RESULTS, COMMENTS, HIGHLIGHTS

Pre and Post Simulation Results (N = 27)

	Pre - Sim Mean score (s.d.)	Post - Sim Mean score (s.d.)	p-value
Has a strategy to deal with this ethical issue			
Scope of practice	2.95 (1.17)	2.00 (0.71)	<.01
Voluntary informed consent	2.50 (1.10)	2.00 (0.73)	0.04
Privacy and confidentiality	2.19 (0.93)	1.81 (0.51)	0.06
Professional ethics	2.38 (1.17)	1.81 (0.51)	0.02
Harm and benefit	2.81 (1.08)	1.90 (0.44)	<.01
Corruption	3.67 (0.98)	2.48 (0.98)	<.01
Can identify someone to discuss the ethical issue with			
Scope of practice	1.86 (0.57)	1.76 (0.54)	0.33
Voluntary informed consent	1.86 (0.57)	1.81 (0.60)	0.67
Privacy and confidentiality	1.86 (0.57)	1.76 (0.63)	0.49
Professional ethics	1.90 (0.63)	1.76 (0.54)	0.27
Harm and benefit	2.24 (1.00)	1.81 (0.51)	0.05
Corruption	2.81 (1.21)	1.86 (0.57)	<.01

Agreement scores range from 1-5, where 1 equals strongly agree and 5 equals strongly disagree

SAMPLE SIMULATION VIDEO

Participants’ Comments

- “Appreciated this opportunity. These concepts cannot be learned in the classroom.”
- “The arguing doctor simulation was so nerve wracking. It felt very real.”
- “I benefited from a diverse group of participants to enhance discussion.”
- “Great scenarios, realistic actors and portrayals of clinical situations in the field.”

CONCLUSION

Preliminary results show that our global health ethics simulation tool accomplished its main objectives: to expose the trainees to various ethical dilemmas and have them reflect on alternative courses of action. Next steps will include evaluating impact of the tool once trainees return from their rotations.

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