



**Linking health-professions education
to participatory and sustainable
development through international
service learning**

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UNESCO-APEID Conference 2007**

Influence of Various Determinants of Health

**Biological Endowment
(10-15%)**

**Physical Environment
(10-15%)**

**healthcare System
(20-25%)**

**Socio-economic Environment
(50-60%)**

Evans R. (1994) Why Are Some People Healthy & Others Not? The Determinants of Health of Populations

- “The principal factors responsible for increasing life expectancy from less than 50 years to more than 70 years in wealthy countries are to be found outside the health care system as it is traditionally defined and, instead, in the broader socioeconomic environment.”

Hertzman C. Health and human society. American Scientist 2001;89(6):538

Rudolf Ludwig Karl Virchow – Reforming Medicine

1. The health of the people is a matter of direct social concern
2. Social and economic conditions have an important effect on health and disease and that these relations must be subjected to scientific investigation
3. The measures taken to promote health and to combat disease must be social as well as medical

(The Medical Reform, 1848)



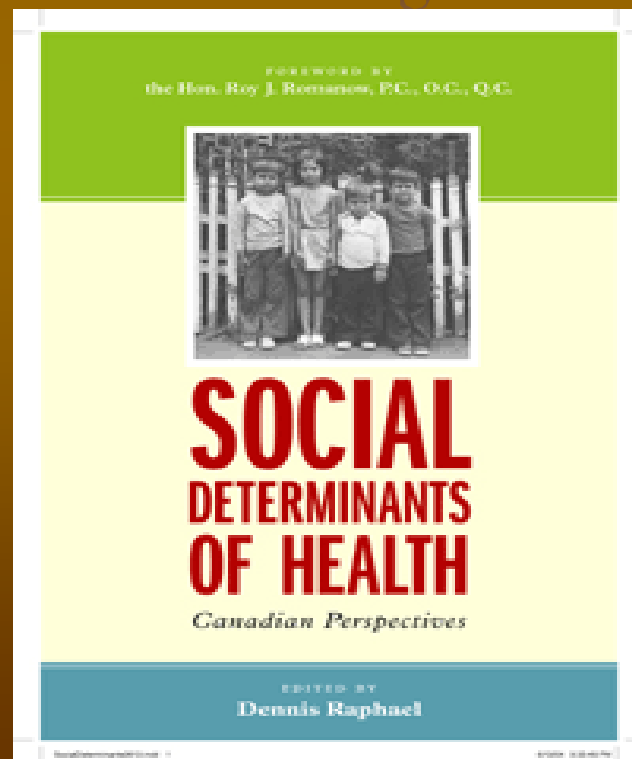
Health-Professions Education as a Determinant of Health

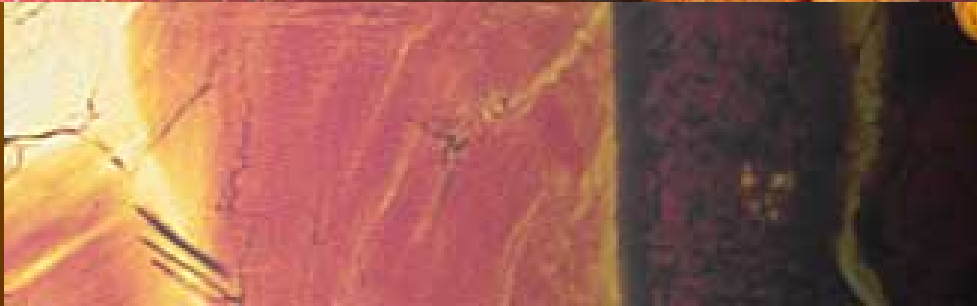
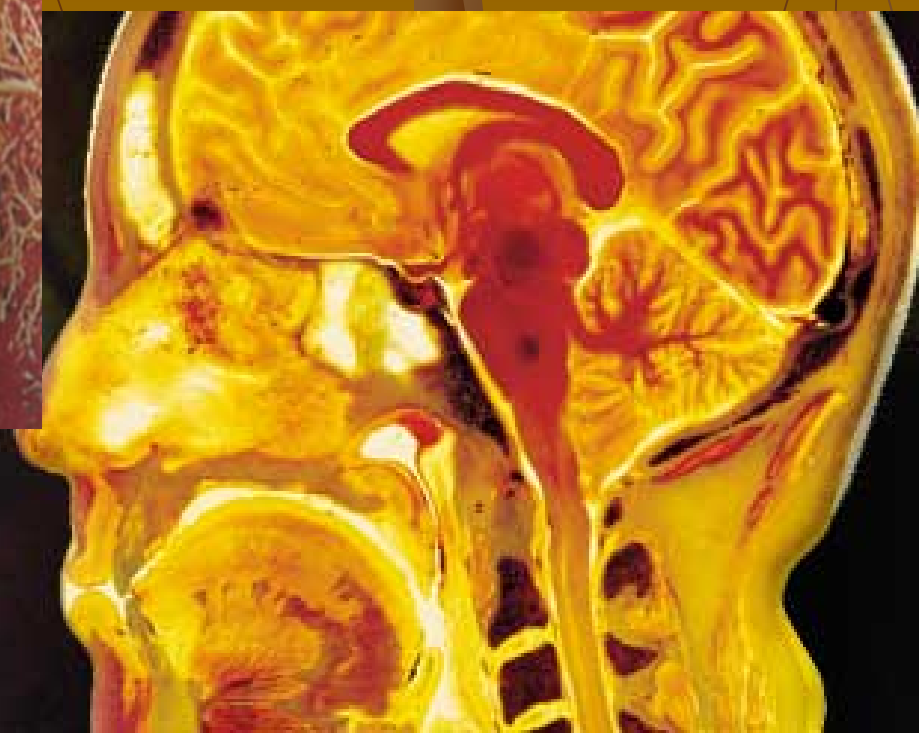
How can we prepare next generation of health professionals to be Community and socially responsive?





“What good does it do to treat people’s illness and then send them back to the conditions that made them sick?”



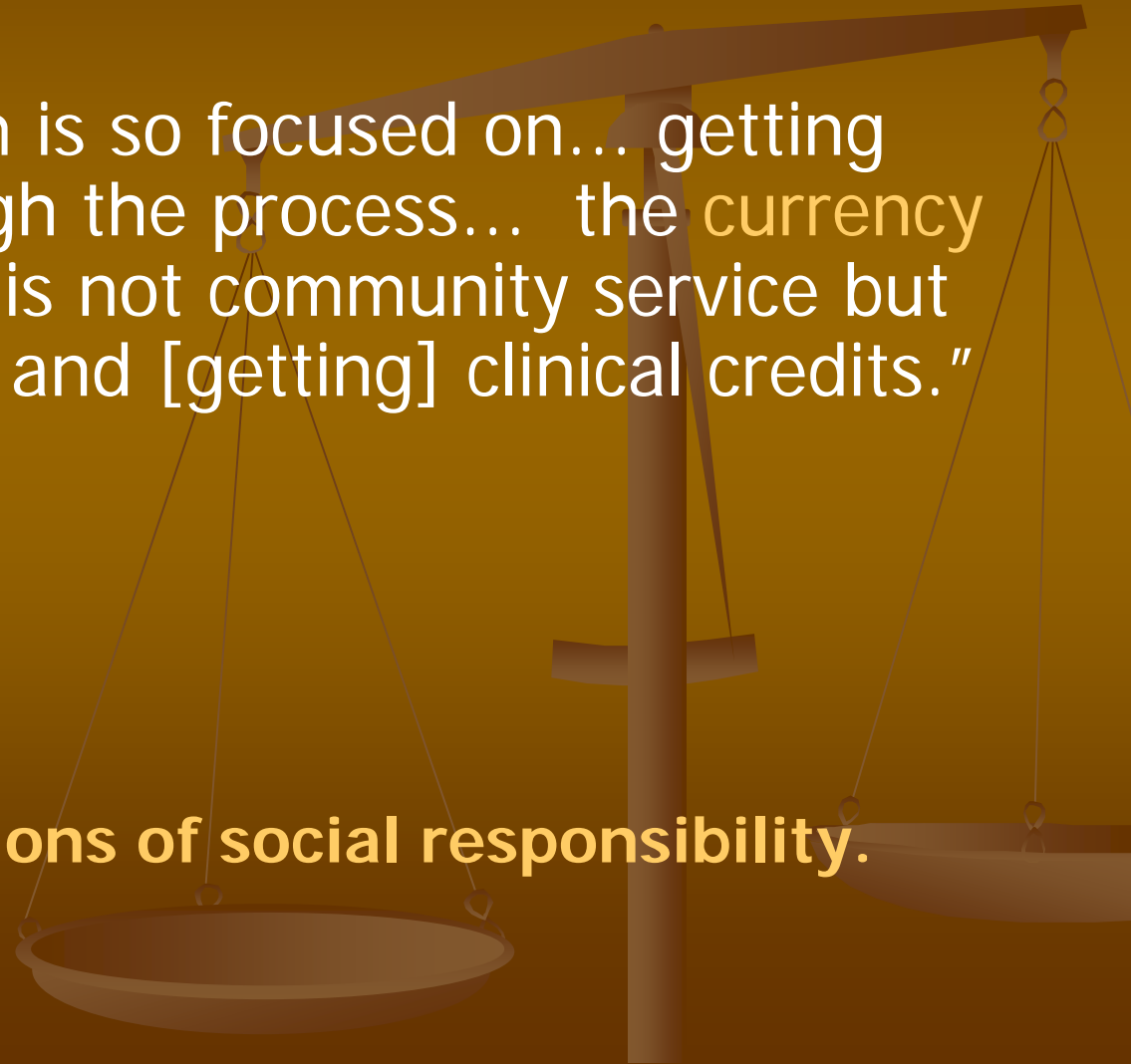


Currency to Graduate...

" The curriculum is so focused on... getting students through the process... the **currency to graduate**... is not community service but [passing] tests and [getting] clinical credits."

Dharamsi S.

Discursive constructions of social responsibility.



Health Professionals' Attitudes Towards Homelessness

26. I believe that those who enter medicine or other health discipline must want to help those in need.

Strongly disagree	3.1%	4
Disagree	16.4%	21
Neither agree nor disagree	18.8%	24
Agree	37.5%	48
Strongly agree	24.2%	31
Total Respondents	128	

Competence & Conscience



The crisis of our time relates to the disastrous divorce of competence from conscience.

Once professionals begin to practice, they stop thinking beyond the technical aspects of their work.

Professionals must be able to make judgments that are not only technically correct but also ethically and socially considerate.

Ernest Boyer

Our professional solutions often ignore the complexity of the human condition.

Professional training tends to nurture a certain arrogance in which knowledge and skills are seen as the prerogative of professionals, giving us a certain superiority.

The poor and vulnerable are commonly seen as uninformed and backward, having only themselves to blame for both their poverty and poor health.

Professionals do not know their realities.

Worse...

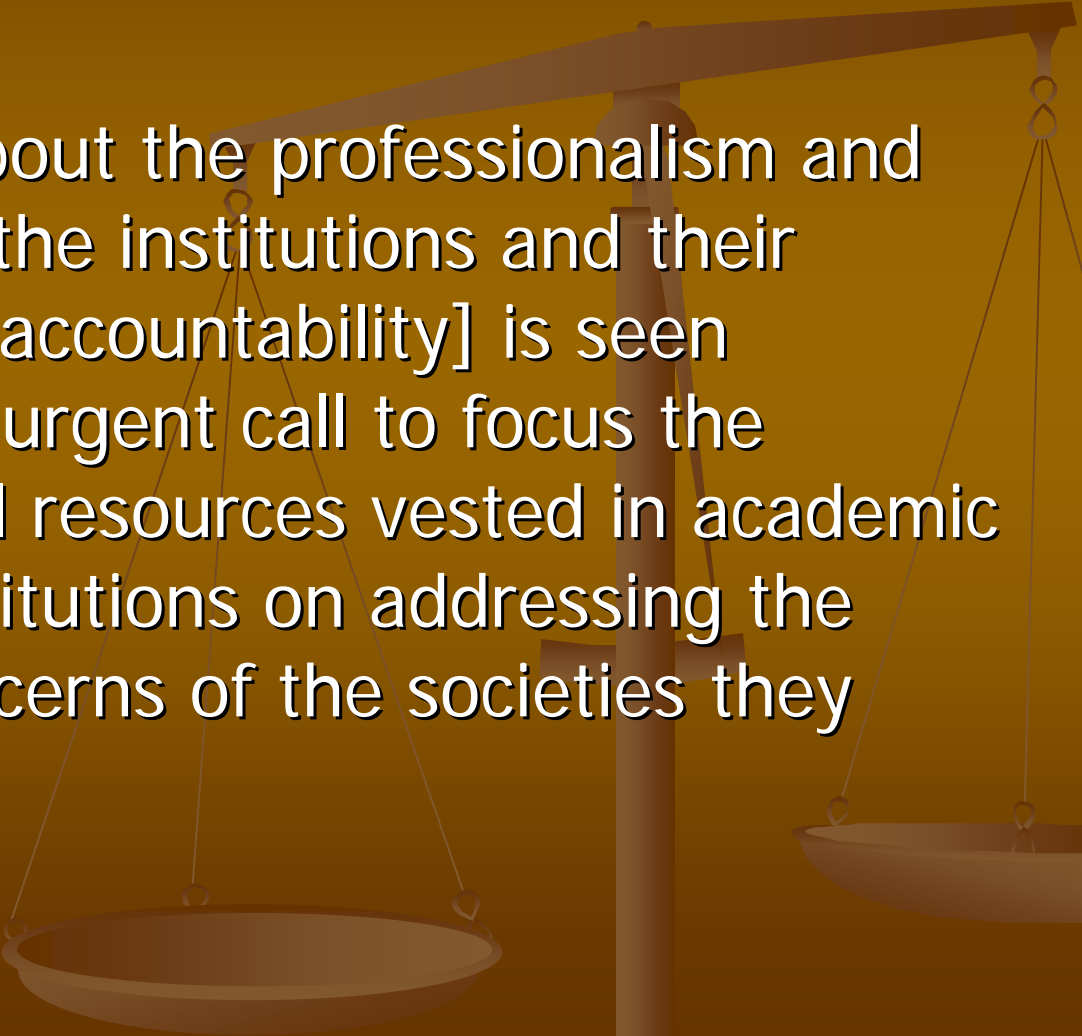
professionals do not know that they do not know!

Murray Dickson, 1993

Caring for a common future: medical schools' social accountability

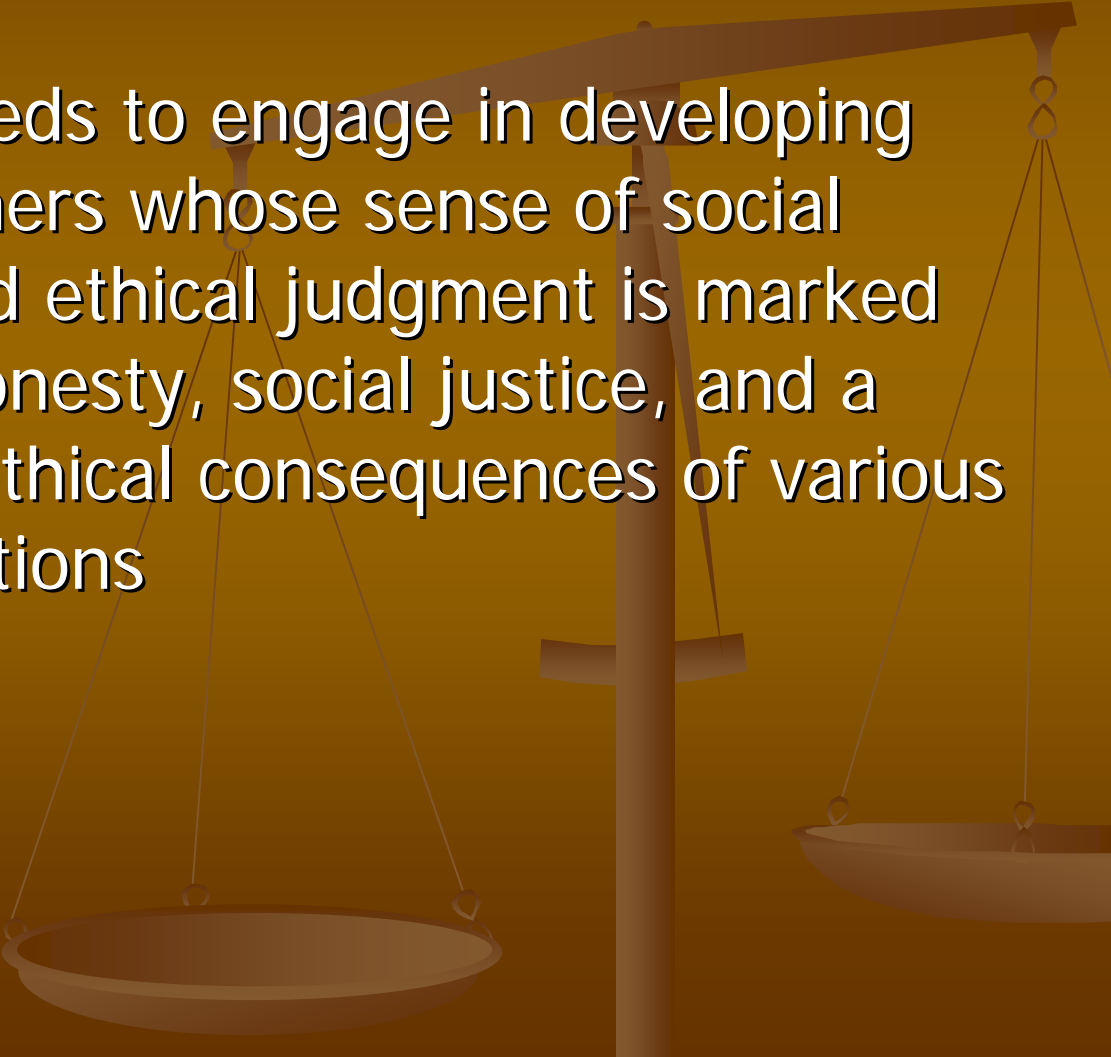
Robert F Woollard, Med Educ 40;301-13 2006

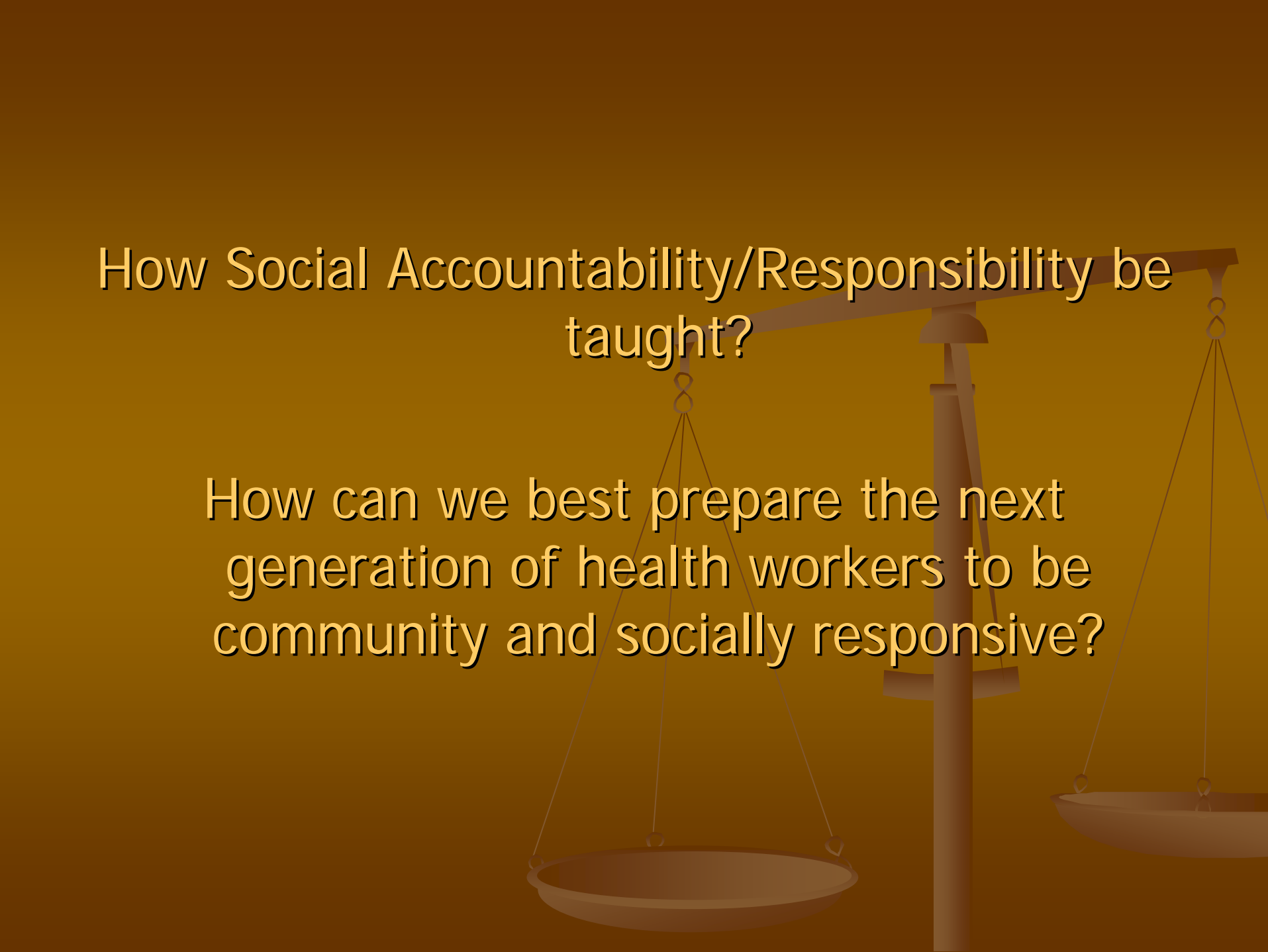
“Born of concerns about the professionalism and relevance of both the institutions and their graduates, [social accountability] is seen increasingly as an urgent call to focus the considerable social resources vested in academic health science institutions on addressing the priority health concerns of the societies they serve”



AAC&U

Higher education needs to engage in developing responsible learners whose sense of social responsibility and ethical judgment is marked by intellectual honesty, social justice, and a discernment of ethical consequences of various decisions and actions





How Social Accountability/Responsibility be taught?

How can we best prepare the next generation of health workers to be community and socially responsive?



LCME Standard IS-14-A



“Medical schools should make available sufficient opportunities for medical students to participate in service-learning activities, and should encourage and support participation.” [effective 7-1-08]

Community Service Learning



Six national and international medical education bodies already endorse community service learning as pedagogy to educate students in a socially accountable manner.

Under this pedagogy, students:

- learn experientially
- develop projects that are implemented and evaluated in collaboration with communities
- respond to community-identified concerns
- balance service provision with critical, reflective learning
- apply their learning to real-world situations.

Seifer SD, Hermanns K, Lewis J. (2000).

Creating Community-Responsive Physicians

Washington D.C.: American Association for Higher Learning.

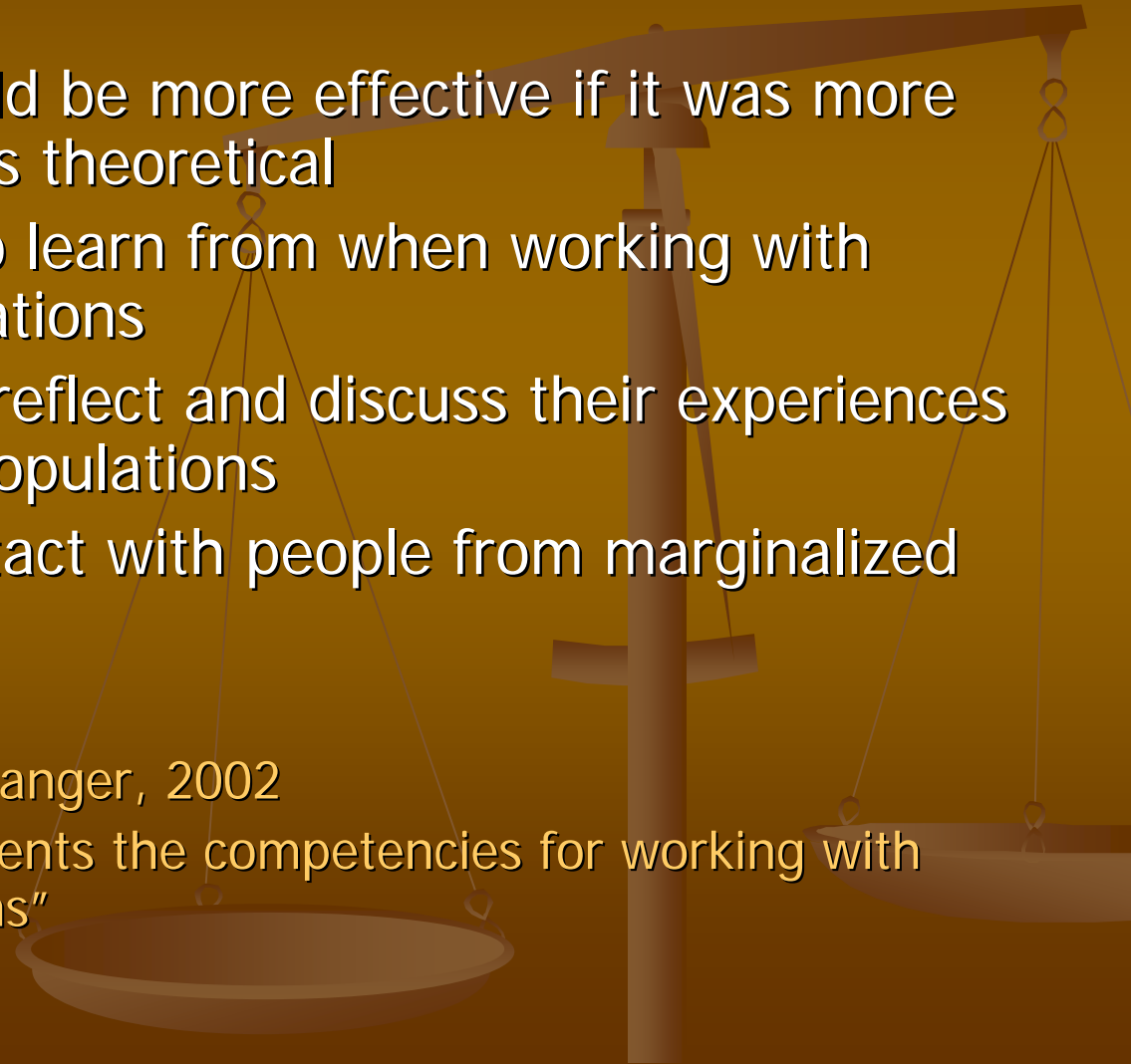
CSL at UBC Medical School

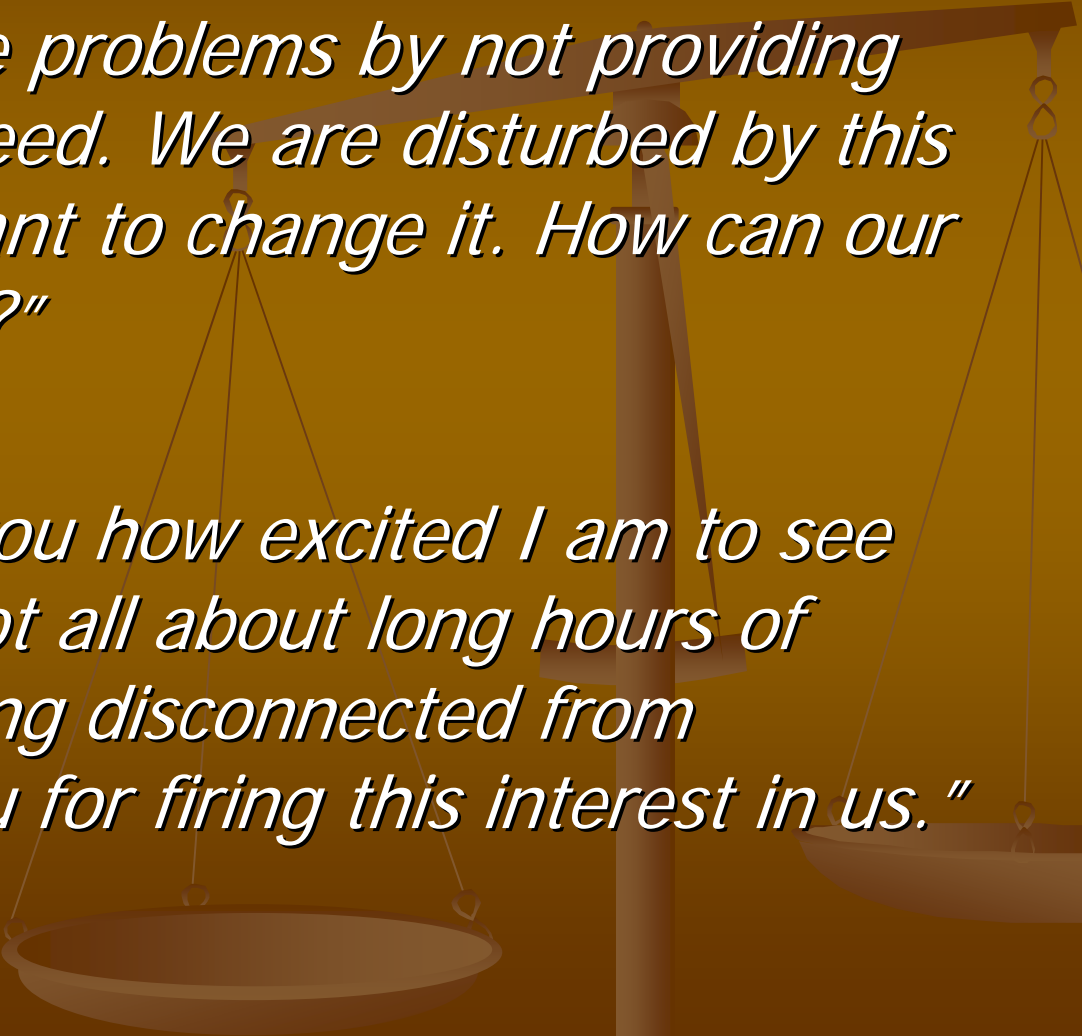
In essence, students:

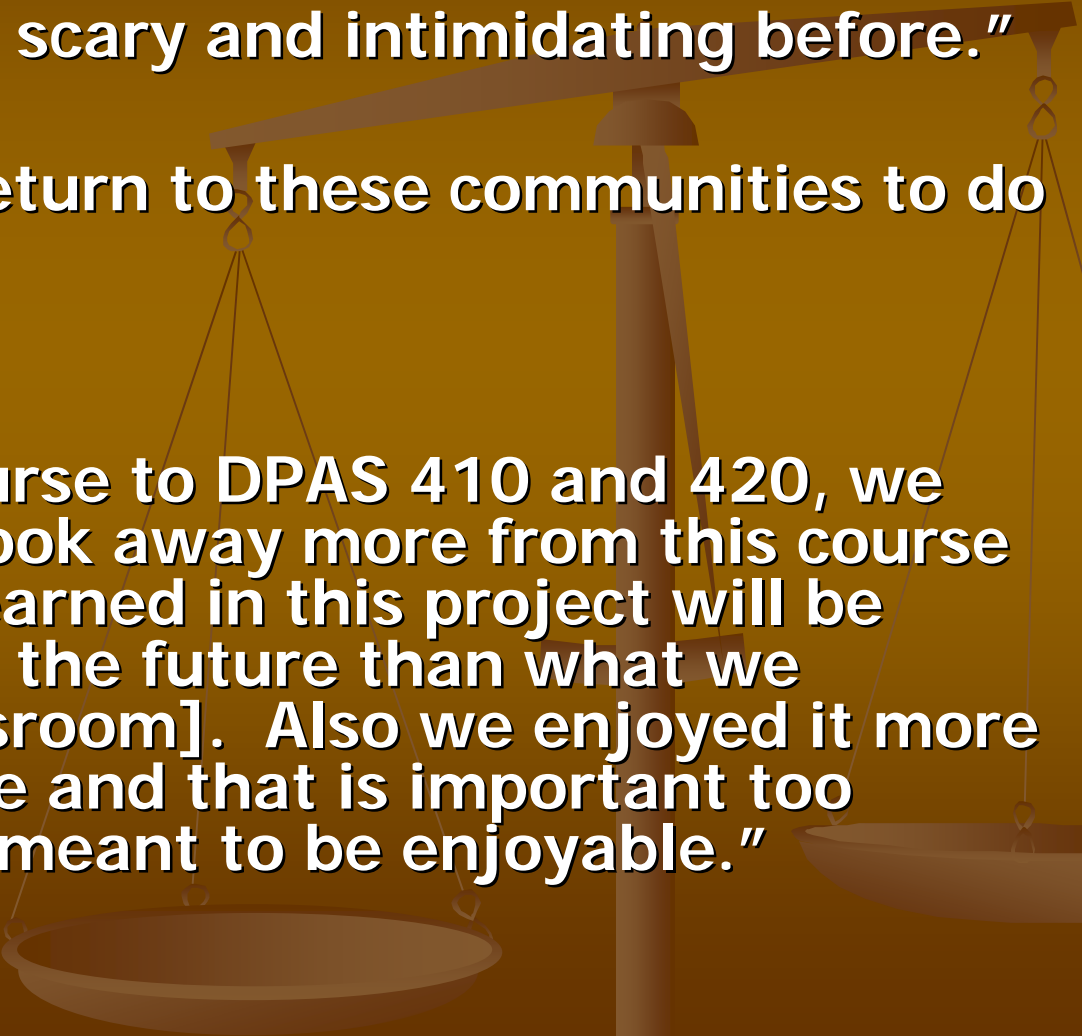
- feel that DPAS would be more effective if it was more experiential and less theoretical
- want role models to learn from when working with marginalized populations
- want more time to reflect and discuss their experiences with underserved populations
- want more 1:1 contact with people from marginalized populations

Catherine Grey and Peter Granger, 2002

“Teaching UBC medical students the competencies for working with marginalized populations”

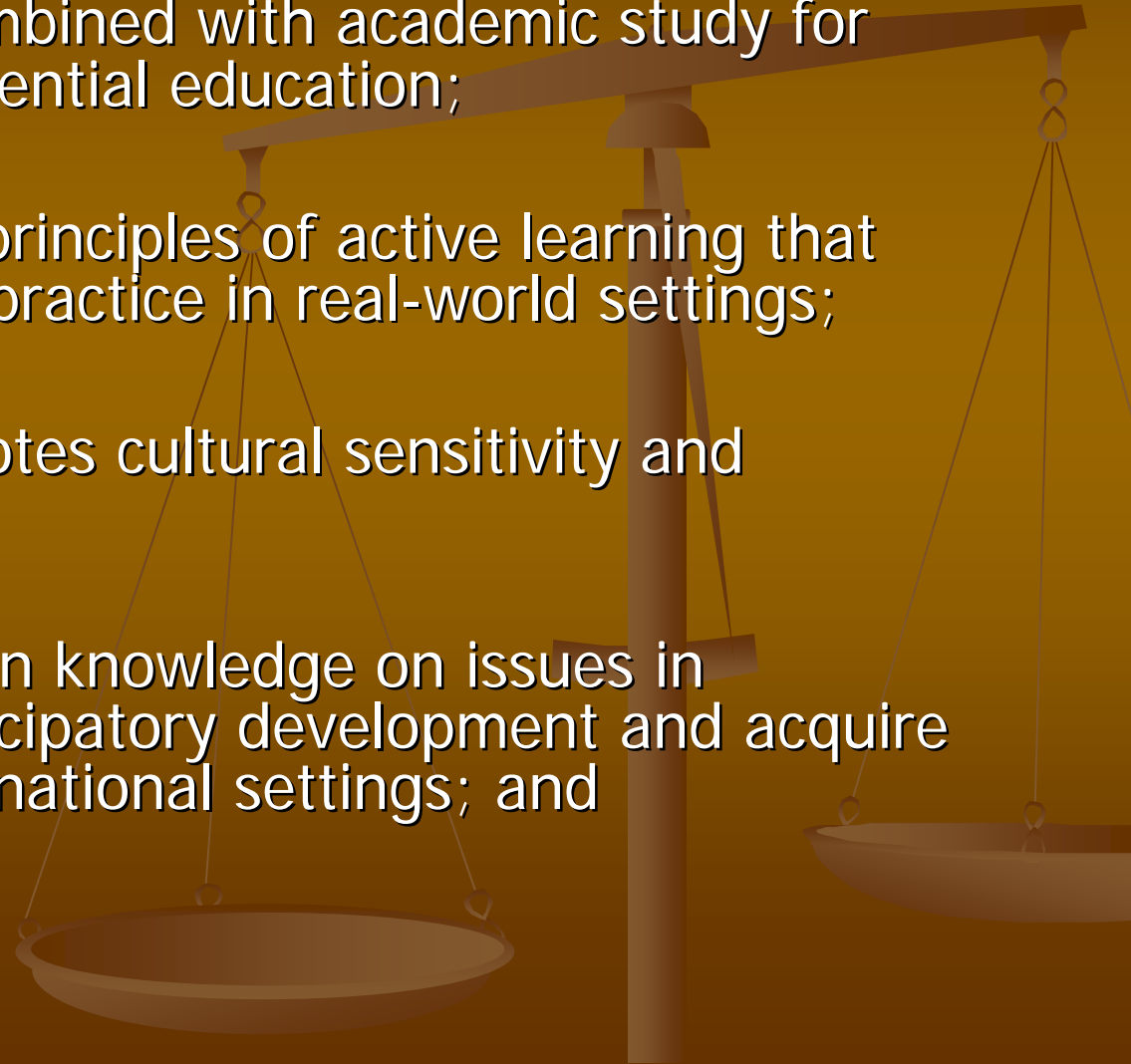


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- *"...we feel that there is a perception among our peers that dentists are greedy and socially inconsiderate people; and that we are the cause behind health care problems by not providing care to those in need. We are disturbed by this perception and want to change it. How can our education help us?"*
 - *"I wanted to tell you how excited I am to see dental school is not all about long hours of studying and feeling disconnected from society...thank-you for firing this interest in us."*

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- **“We learned more about community and communication than we could have from any other course. No other course would be capable of taking away biases that we may have about the Downtown Eastside or making us feel more comfortable in a community that felt scary and intimidating before.”**
 - **“We would like to return to these communities to do other projects”**
 - **“Comparing this course to DPAS 410 and 420, we feel as though we took away more from this course and that what we learned in this project will be more useful to us in the future than what we learned in [the classroom]. Also we enjoyed it more than a typical course and that is important too because learning is meant to be enjoyable.”**

International Service Learning

- volunteer service combined with academic study for credit through experiential education;
- education based on principles of active learning that connect theory with practice in real-world settings;
- education that promotes cultural sensitivity and pluralism;
- an opportunity to gain knowledge on issues in sustainable and participatory development and acquire skills to work in international settings; and

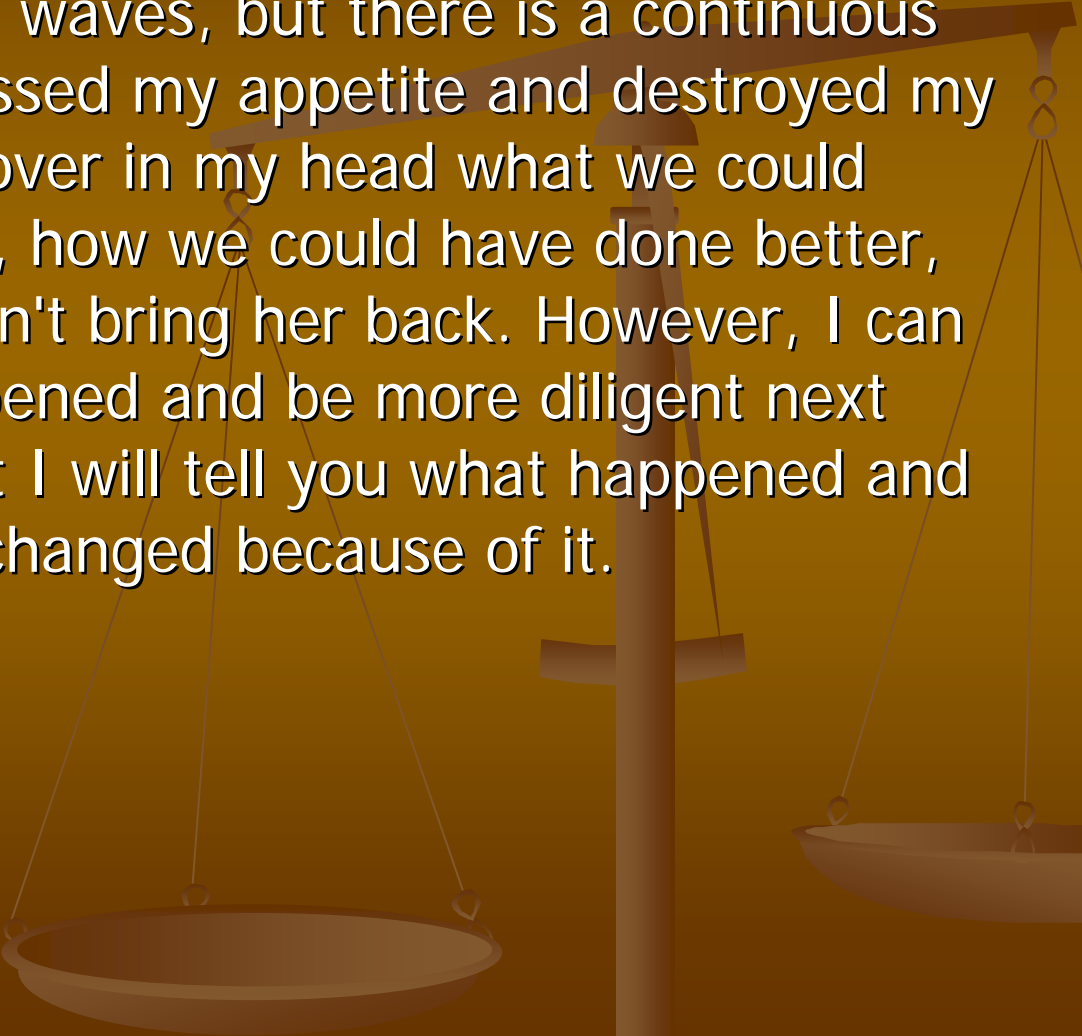


International Service Learning



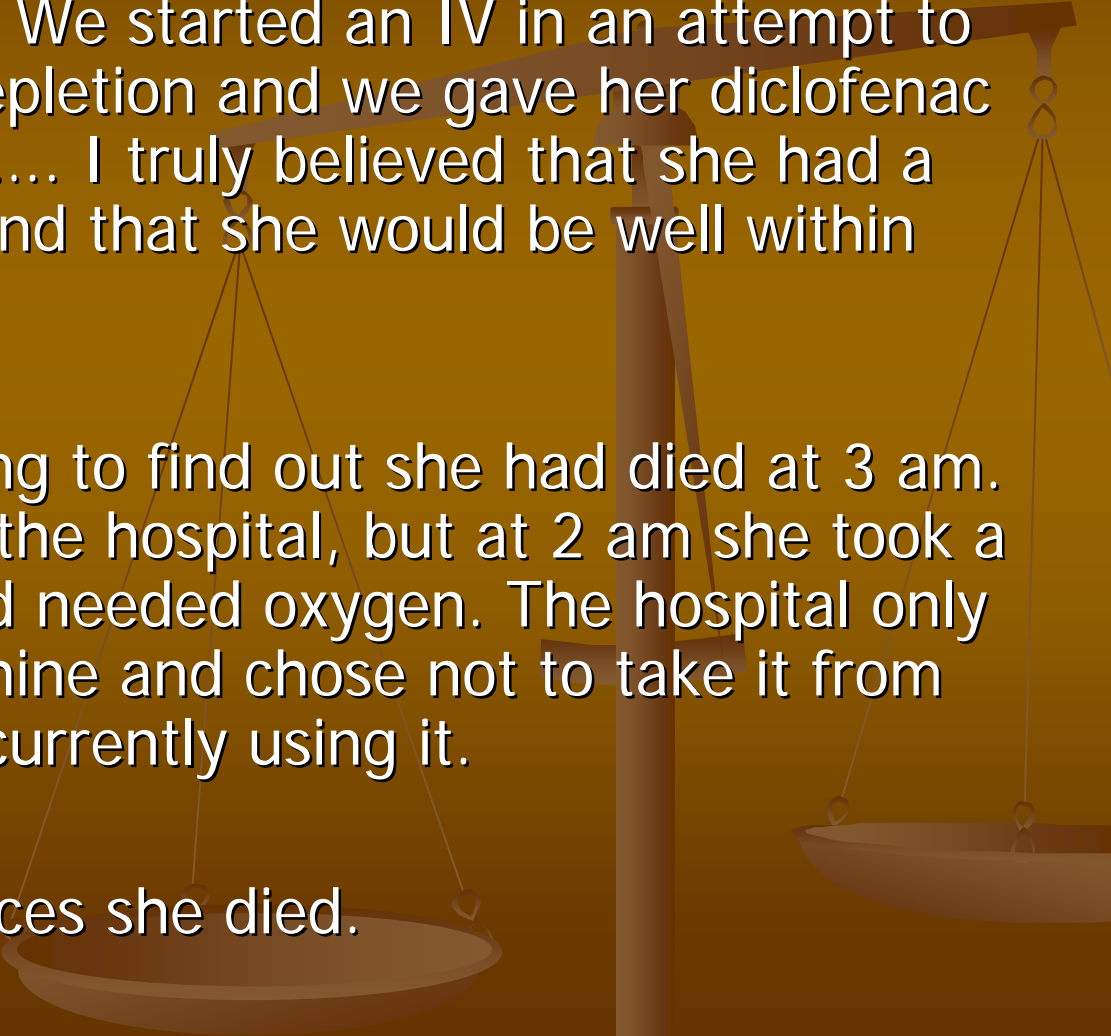
Critical Incident Report

The self-doubt comes in waves, but there is a continuous ache that has suppressed my appetite and destroyed my sleep. I go over and over in my head what we could have done differently, how we could have done better, but I'm at a loss. I can't bring her back. However, I can learn from what happened and be more diligent next time. So in this report I will tell you what happened and how my perspective changed because of it.



Wednesday morning before the clinic opened the mother arrived with her child – a 23-month old girl – nearly unconscious. She had a fever above 39 C – fatal in a child so young. It had gone on throughout the night. She had not eaten in over a day and her urine output was minimal. After a brief history we gave her liquid Tylenol, which she spat up, so we were forced to give her an injection of diclofenac.

Then we just had to watch and wait and hope that the fever would subside. The clinic sees over 40 children a week with the illness and at least one or two a week that present like this little girl. So we prescribe the necessary drugs... and send them home.



The following morning her mother returned again with the little girl complaining that the fever had returned. Her dehydration was worse and the child was drifting in and out of consciousness. We started an IV in an attempt to reduce the volume depletion and we gave her diclofenac to reduce the fever. I truly believed that she had a bad case of malaria and that she would be well within days.

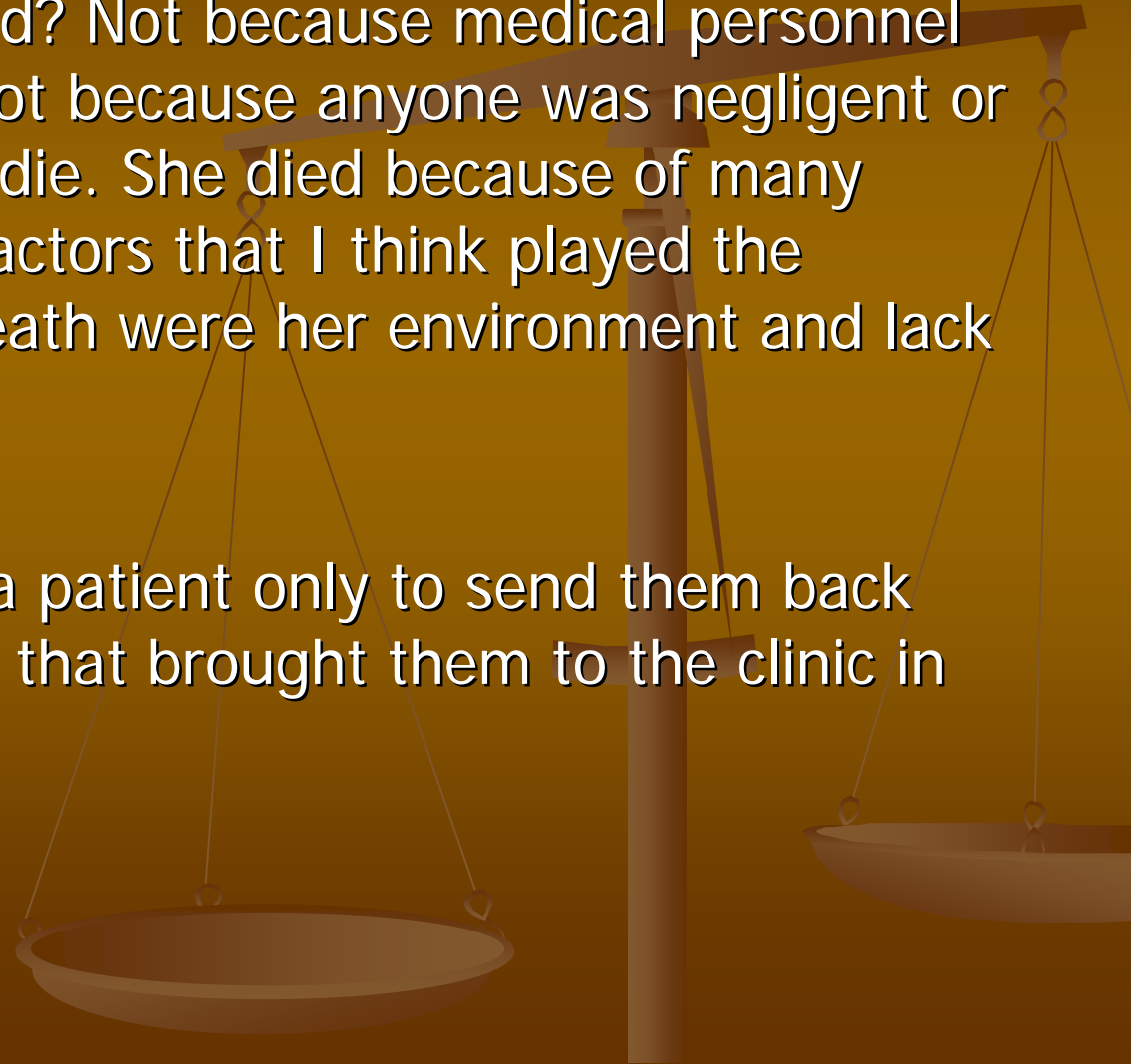
I awoke the next morning to find out she had died at 3 am. She had improved in the hospital, but at 2 am she took a turn for the worst and needed oxygen. The hospital only had one oxygen machine and chose not to take it from the patient that was currently using it.

So due to lack of resources she died.

It is an absolute tragedy.

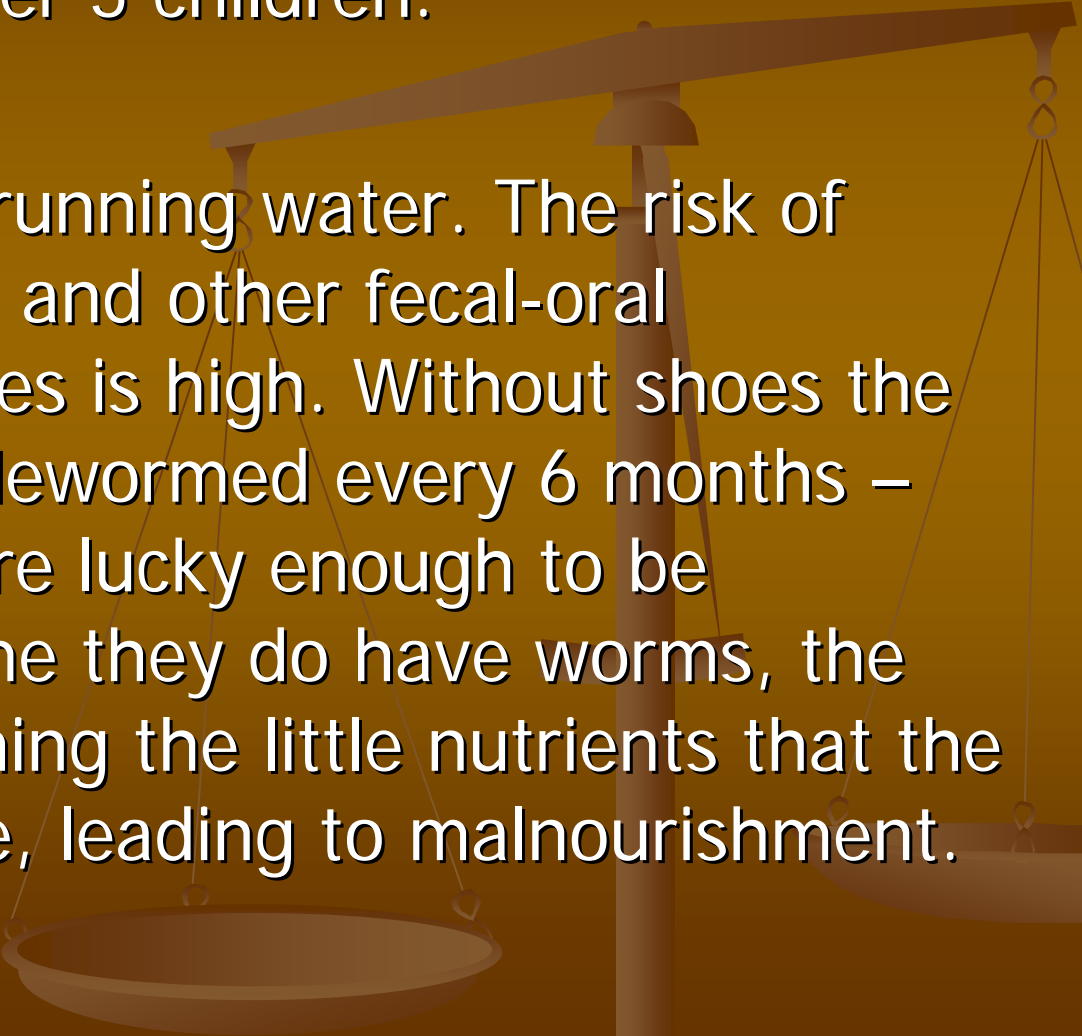
The injustice is so cutting. Where do I begin to make sense of what has happened? Not because medical personnel weren't accessible, not because anyone was negligent or incompetent did she die. She died because of many things, but the two factors that I think played the biggest role in her death were her environment and lack of resources.

How is it that we treat a patient only to send them back into the environment that brought them to the clinic in the first place?



I went to the child's funeral. It was at her home; a small mud hut on the outskirts of the village. She was one of over 5 children.

There was no clean running water. The risk of cholera, dysentery and other fecal-oral transmitted diseases is high. Without shoes the children must be dewormed every 6 months – and even if they are lucky enough to be dewormed, the time they do have worms, the parasites are leeching the little nutrients that the children do receive, leading to malnourishment.



Equally frustrating is our lack of resources...often patients will sit for days in the hospital emergency receiving no help. The hospitals in town only have one doctor for a ward of over 100 people and often less access to medications than our fully stocked clinic. Even more so they charge clients much beyond their daily and often monthly income.

So many patients that we refer say they won't go anyway. This puts us, as medical health professionals, in a difficult position. Do we provide treatment that we are unsure of; knowing that at least they will follow our regimen OR do we send them to the hospital that they cannot pay for and does not have the necessary drugs to treat them anyway?

At the end of the day the lack of resources – lack of medication, lack of doctors, lack of a sterile environment, lack of money and lack of education – that puts our patients in such a vulnerable position.

Health-Professions Education: A determinant of health

How you're educated will influence how you respond to health disparities and inequities

