

Letter to the Editor re: “The Role of Medical Students in Short-Term Experiences In Global Health: A Perspective From São Tomé Island”

Carta ao Editor re: “O Papel dos Estudantes de Medicina nas Experiências de Curta Duração em Saúde Global: Uma Perspetiva da Ilha de São Tomé”

Keywords: Education, Medical, Undergraduate; Global Health; International Educational Exchange; São Tomé and Príncipe; Students, Medical

Palavras-chave: Alunos de Medicina; Educação de Graduação em Medicina; Intercâmbio Educacional Internacional; São Tomé e Príncipe; Saúde Global

I read the article entitled “The role of medical students in short-term experiences in global health: a perspective from São Tomé Island,” and want to congratulate the authors for highlighting the challenges with short-term experiences in global health (STEGH), while using the case study to offer potential strategies to address some of the common critiques of students participating in STEGHs.

Sustainability of actions are a core goal of any STEGH. With capacity building, there should be dedicated attention to assessment of host community needs, recognition of existing relationships and the power differential between volunteer and host, appraisal of community infrastructure, and formal evaluation of the impact of STEGH activities. The lines between host community needs and volunteer agendas can be easily blurred. The volunteer may not be aware of these differences in perceived need or attuned to how power differentials impact communication with local stakeholders. Ultimately, despite efforts to be cognizant of and sensitive to host community needs, the effectiveness of STEGHs are limited by the ability to obtain information that accurately reflects the host community situation. As such, impartial evaluation of STEGH activities becomes a necessary and valuable mechanism to obtain feedback.^{1,2}

While STEGHs purport to fill unmet needs, such as providing access to otherwise absent primary or specialist

care, it is generally recognized that the volunteer participant of a STEGH garners the majority of the initial benefit. With such a dichotomy between the well-intentioned volunteer and the impact of his or her actions on the host community, the utility of STEGHs are often called to question. Those fundamentally opposed to STEGHs argue that time, money, and resources can be better spent on local infrastructure development and capacity building initiatives. Proponents of STEGHs counter that improving the design of STEGHs will help to balance the benefits to the receiving community. Revés and Loh offer a road map for those looking to structure STEGHs for medical students by focusing on four key principles: optimization of pre-departure training, improvement of data collection and evaluation, cultivation of bidirectional and reciprocal educational exchanges, and targeted participant selection to match skills with need. The program at São Tomé highlights how these four principles suggested by the authors could have enhanced both the student and host community experience. While the overall impact of the São Tomé program remains to be determined, one intriguing area for further consideration is the use of telemedicine as a strategy to decrease the hosting burden of the receiving community, but this intervention comes with a technology and infrastructure cost. One thing that is clear, however, is that much effort is needed to better design STEGHs.

The common theme of these recommendations is that sending institutions need to take responsibility for their programs and actions. Ideally, careful program design will allow for alignment of student education goals with host community needs and expectations.³⁻⁵ Undoubtedly, STEGHs offer unique experiences for student learners. As an educator, I am motivated to find ways to optimize the balance of benefits of STEGHs so that we can continue to offer such opportunities for our learners while honoring the initial intention of sharing with the host community.

Sincerely,

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Recebido: 13 de fevereiro de 2018 - Aceite: 14 de fevereiro de 2018 | Copyright © Ordem dos Médicos 2018

<https://doi.org/10.20344/amp.10406>

