NEW ADVICE FOR AN OLD PROBLEM:
GUTSY STRATEGIES WITH PRE-HEALTH STUDENTS

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Health Careers Center
University of Minnesota
Driven to Discover™
Pre-health students are driven

• They want to go abroad
• They want to have “experiences”

But
• They often don’t know what they don’t know
• They think they have more to offer than they really do
• They want to “help”
“Too often students and others travel to other countries with the attitude that they are a cowboy, saint or hero. This doesn’t help anyone, especially themselves”. Dr. Stephen Swanson

Fostering Intentional Partnerships in Medical Education

Tufundishane (Tu-fun-dee-SHAWN-ay) is a Swahili word that means "let us all teach one another". The Tufundishane Collaborative is based on our shared value of learning together with and from our international colleagues.

Health care providers who regularly practice in under-resourced settings have much to teach our U.S.-based global health residents. And our U.S. residents can give back by sharing their knowledge of current topics in therapies, physiology and pharmacology.

The Collaborative aims to:

- facilitate a collaborative, reciprocal teaching and learning opportunity for U of M residents and physician trainees (called assistant medical officers) in Arusha, Tanzania
- fund a continuous faculty presence at Selian Lutheran Hospital who will act as a preceptor to visiting U of M residents
Challenges

- Overconfidence and/or naïve
  - Medical errors
- Privileged and judgmental
The Old Effort

- Educate them about the ethics of doing the wrong thing
- Educate them about the legalities of doing the wrong thing
- Educate them about the personal risks of doing the wrong things
- When all else fails scare them!!
The New Effort

- Teach them about “competencies”
Competency Based Education

- **Competency-based medical education (CBME):** An approach to designing medical training that is focused on outcomes in the form of the abilities of graduates.

- **Competency:** An observable ability of a health professional that develops through stages of expertise from novice to master clinician.

- **Entrustable professional activity (EPA):** A key task of a discipline that can be entrusted to an individual who possesses the appropriate level of competencies.

- **Milestone:** The expected ability of a health professional at a stage of expertise.

Resident A- Year 1
Resident A- Year 2
Resident A - Year 2 - compared to cohort
Competencies in the Health Professions

Types

• Interprofessional Practice Competencies
• Global Health Competencies
• One Health Competencies
• Pre-health competencies
• Discipline and specialty specific

What they measure

• Knowledge
• Skills
• Attitudes/Qualities
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<th>AAMC</th>
<th>IPE</th>
<th>GH</th>
<th>OH</th>
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<tr>
<td>Living systems</td>
<td>Roles and responsibilities</td>
<td>Global burden of disease</td>
<td>Management</td>
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<tr>
<td>Human behavior</td>
<td>Scope of practice</td>
<td>Globalization of health and healthcare</td>
<td>Global Burden of Disease</td>
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<td>Scientific inquiry</td>
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<td>Social determinants of health</td>
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<td>Quantitative reasoning</td>
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<td>Systems thinking</td>
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<td>Critical Thinking</td>
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<td>Health equity and social justice</td>
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<td>Program Mgt</td>
<td>Planning Mgt</td>
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<td>Socio culture and political awareness</td>
<td>Policy and regulation</td>
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## Skills, Attitudes, Qualities

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<th>AAMC</th>
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<tr>
<td>Service Orientation</td>
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<tr>
<td>Social Skills</td>
<td>Professionalism*</td>
<td>Professionalism</td>
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<tr>
<td>Teamwork</td>
<td>IP Teamwork</td>
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<td>Teamwork</td>
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<tr>
<td>Communication/Listening/feedback</td>
<td>x</td>
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<td>X informatics</td>
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<td>Capacity for improvement</td>
<td>Self awareness</td>
<td>Self awareness</td>
<td>professionalism</td>
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<td>Cultural competence</td>
<td>Cultural diversity</td>
<td>Cultural humility</td>
<td>Cultural sensitivity</td>
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<tr>
<td>Networking</td>
<td>Systems thinking</td>
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<td>Systems thinking</td>
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<tr>
<td>Cooperation &amp; collaboration</td>
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<td>Collaboration</td>
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<td>Collaborative leadership</td>
<td>Capacity building</td>
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<td>Leadership</td>
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<td>Conflict mgt</td>
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*Reliable, dependable, ethical, respectful, trustworthy, honest, responsible*
What now?

• How to use the competencies to
  A) Talk to students about what they should be learning and doing
  B) Develop programs that teach to the competencies
  C) Evaluate programs and students competency
Table Conversations

- What kinds of global experiences exist that will help students develop the competencies identified below?
- What specific activities can help to develop the competencies?
- What are some tools being used to measure competency development?
- What kinds of programs or opportunities could be created to help students build the competencies?
Summary Conversation

In Summary.....
What should we be promoting?

- **Learning abroad...not doing**
  - For the purpose of gaining **knowledge**
  - To positively shape **attitudes**
  - To acquire **appropriate skills**
    - “Maintain competence in one’s own profession appropriate to scope of practice.”
    - “Recognize one’s limitations in skills, knowledge, and abilities.”
  - To grow in **self awareness and professionalism**
Resources

- https://www.staging.aamc.org/initiatives/admissionsinitiative/competencies/
- https://umabroad.umn.edu/professionals/faculty/globalhealth
- One Health Core Competencies- email todd0002@umn.edu
Thank You!
Competency Measurement Tools

- **Professionalism**
  - Conscientious Index CI
- **Communication**
- **Cultural Competency**

- **Systems learning**
How to operationalize

Before study abroad
• Program development
  – Design programs with core competencies in mind
• Program advising and selection

During study abroad
• Program activities, reflection, assessment

After study abroad
• Re-entry
  – Coach students on how to talk about the competencies gained, how to highlight these in resumes or applications