

Student Case Study Series: Acting Beyond One's Competency Level during International Medical Electives

Setting: A small rural hospital in South America

Scenario: Two expatriate medical students—a third-year female and a second-year male student—are participating in an international elective in a small rural hospital in South America. Both students are eager to gain clinical experience and practice new skills during their elective. The third-year student notices early on in the rotation that her colleague is taking on clinical tasks that are beyond his level of competency. For example, she has witnessed the second-year student suture minor wounds, drain cysts and abscesses, and deliver a baby with minimal supervision. Although he first informs patients that he is a medical student, he avoids disclosing that he has little experience performing these procedures. Indeed, it appears to the third-year student that her colleague may be taking advantage of the fact that many local patients perceive him as being highly-skilled and trained given his status as a foreigner.

The third-year medical student views this behaviour with concern, and decides to ask her colleague about it. In response to her apprehension, the second-year student insists that while he would not be allowed to perform these procedures in his home country, his actions are in line with the standards of the local healthcare system. He notes that students and physicians are sometimes required to practice skills without sufficient training or supervision, given the high number of patients and comparatively few healthcare providers in this rural area. He also believes he is respecting local protocol regarding the obtainment of informed consent. Finally, he asserts that this is an important opportunity to improve his knowledge and skills in order to become a better future clinician. Having considered his response, the third-year medical student feels unsure whether she should pursue the issue further.

Humanitarian Health Ethics Analysis Tool

- 1. Identify/clarify ethical issue:**
What is at stake and for whom?
- 2. Gather information:**
What do we need to know to assess the issue?
- 3. Review ethical issue:**
Does information gathered lead us to reformulate the issue?
- 4. Explore ethics resources:**
What can help us make a decision?
- 5. Evaluate and select the best option:**
What options are possible and which is the "best" under the circumstances?
- 6. Follow up:**
What can we learn from this situation and what supports are needed?

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Analysis: The **Humanitarian Healthcare Ethics Analysis Tool (HHEAT)** is intended to facilitate discussion and deliberation for those involved in ethically challenging situations and will assist humanitarian healthcare workers in implementing well-considered decisions. Read the six steps listed above then proceed through the questions found below. They are designed to help you or your team structure reflection and deliberation on the ethical dilemma presented in the case study. You may skip questions that appear less relevant to the issue or explore dimensions pertinent to the context but not listed in the tool.

Humanitarian Health Ethics Analysis Tool	
1.	Is it really an ethical issue? What is at stake and for whom? How is the issue perceived from different perspectives? When must a decision be made? Who is responsible for making it? What has been done so far?
2.	What information is needed to deliberate well about this issue and enable us to make a well-considered decision? What constraints to information gathering exist? Consider: a) Resource Allocation and Clinical Features , b) Participation, Perspectives and Power c) Community, Projects and Policies
3.	Does the process so far reveal new aspects of the ethical issue or suggest the need to reformulate or redefine the issue? Have our biases/interests affected how we see the issue?
4.	What values and norms ought to inform our decision-making? Consider: professional moral norms and guidelines for healthcare practice; human rights and international law; ethical theory; local norms, values and customs.
5.	What options are possible in this situation and what ethical values support each option? What consequences might result from each option? Can consequences, values and obligations be reconciled?
6.	What can we learn from this situation? What support do those involved need?

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Disclaimer: Case studies in the Student Case Study Series are based on the reflections of healthcare students on ethical challenges experienced in humanitarian health care contexts. While the stories presented in the cases draw on real events and the accounts of real persons, many stories are composites in which similar experiences are woven together. In all of the stories, details such as names, dates, locations, career and life stage, gender, and profession have been changed, obscured, or omitted. Any resemblance the stories may bear to actual persons, places, and events is co-incidental.

While the stories often aim to show what the protagonist is thinking or feeling, the Humanitarian Healthcare Ethics Research Group's intent as the stories' author is not to suggest that the values and assumptions held by a story's protagonist are those of all or many students engaged in humanitarian healthcare learning experiences. Similarly, the values, opinions and actions of a protagonist or other actors in a story should not be understood to reflect those of, or be endorsed by, the Humanitarian Healthcare Ethics Research Group.