

Lessons from the field: on partnership, mutuality and reciprocity



Rob Mitchell | @robdmitchell | November 2018

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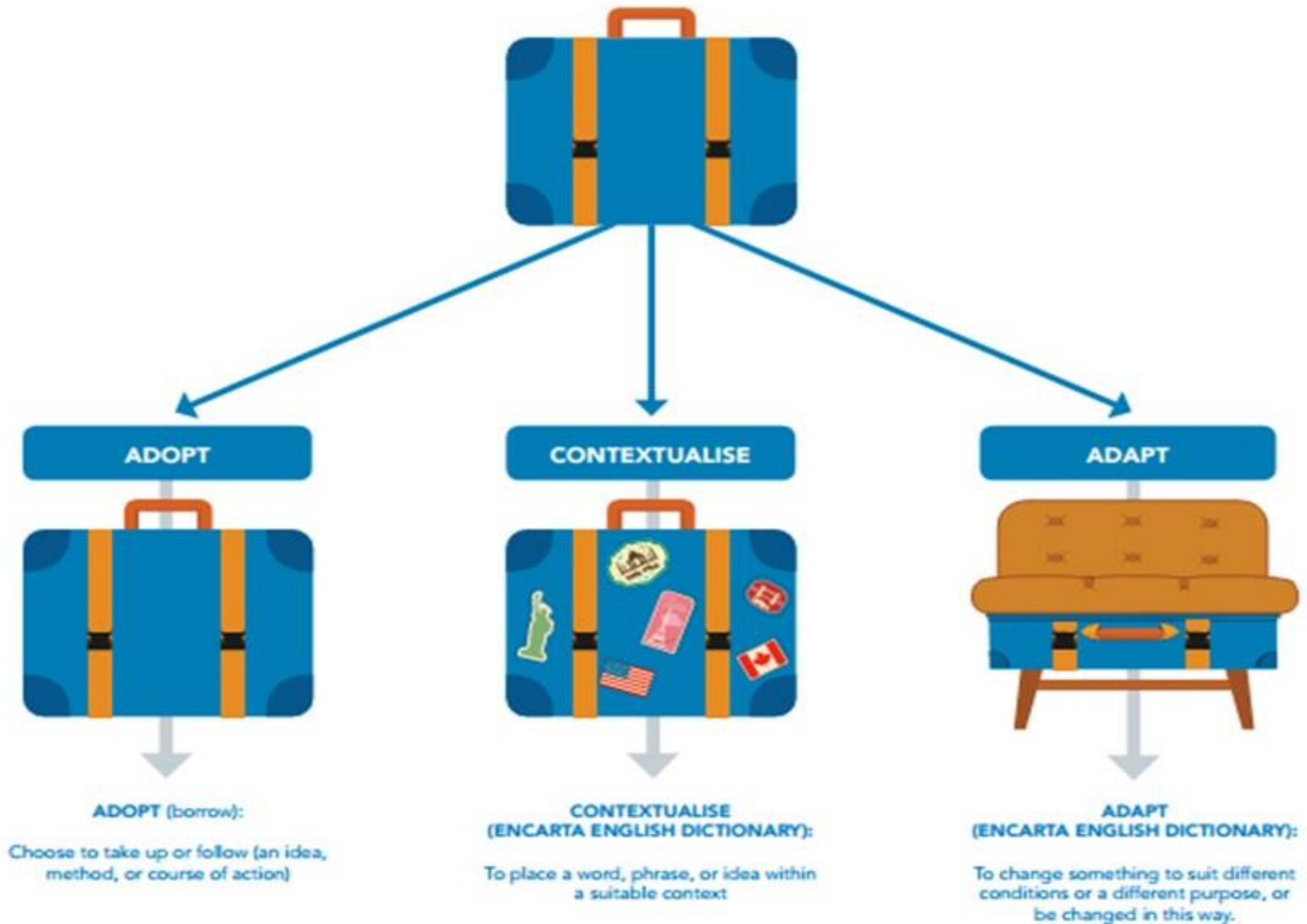




context is everything

systems of care are essential

learning is reciprocal





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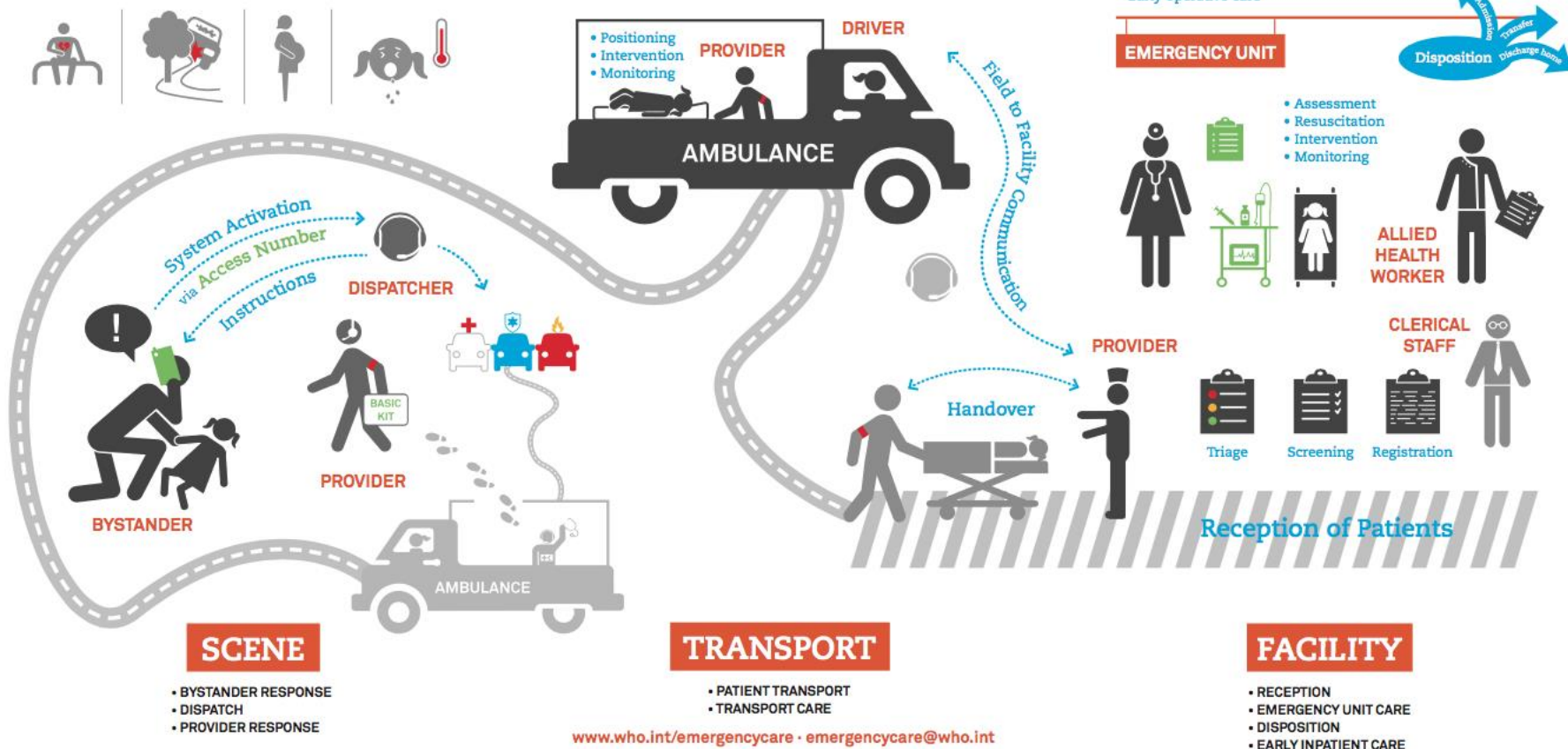
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EMERGENCY CARE SYSTEM FRAMEWORK

All around the world, acutely ill and injured people seek care every day. Frontline providers manage children and adults with injuries and infections, heart attacks and strokes, asthma and acute complications of pregnancy. An integrated approach to early recognition and management saves lives. This visual summary illustrates the essential functions of a responsive emergency care system, and the key human resources, equipment, and information technologies needed to execute them.

■ HUMAN RESOURCES ■ FUNCTIONS ■ EQUIPMENT, SUPPLIES, INFORMATION TECHNOLOGIES





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1 Potential benefits of global health training and international rotations

Stakeholder	Benefit	Examples
Trainee	Personal development	Improved cultural safety; enhanced personal awareness; opportunities for leadership; appreciation of the complexities of enacting change as a visitor
	Professional development	Exposure to different pathologies; refinement of diagnostic skills; appreciation of unique challenges within different health care systems; rationalisation of health care resources; development of a population and community health perspective
Training institution and/or health service	Enhanced clinical practice	New skills and knowledge sets that can be applied locally; systems improvement based on experience abroad; greater exposure to interprofessional training and practice
	Recruitment and retention	Attract and retain trainees with an interest in global health
	Mutually beneficial partnerships	Establish international exchanges, offering new training, clinical improvement and research opportunities
Australian community	Improved standards of health care	Complex health care delivered by clinicians with improved clinical, cultural and sociopolitical awareness; enhanced performance based on international knowledge and experience; clinicians experienced in generalist medicine
	More equitable health care	Service delivery targeted at disadvantaged populations
Host community	Education and training	Clinical and non-clinical education delivered by visiting doctors; knowledge exchange between trainees; resources for enhanced training and supervision provided by Australian partners; opportunities for local graduates to undertake short- and medium-term reciprocal placements in affiliated Australian institutions
	Research capacity	Enhanced capabilities based on mutually beneficial partnerships
	Systems enhancement	Systems improvement based on Australian experience; additional workforce in the form of visiting trainees; development of long-term, mutually beneficial relationships



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Brain Gains: a literature review of medical missions to low and middle-income countries

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Abstract

Background: Healthcare professionals' participation in short-term medical missions to low and middle income countries (LMIC) to provide healthcare has become common over the past 50 years yet little is known about the quantity and quality of these missions. The aim of this study was to review medical mission publications over 25 years to better understand missions and their potential impact on health systems in LMICs.

Methods: A literature review was conducted by searching Medline for articles published from 1985–2009 about medical missions to LMICs, revealing 2512 publications. Exclusion criteria such as receiving country and mission length were applied, leaving 230 relevant articles. A data extraction sheet was used to collect information, including sending/receiving countries and funding source.

Results: The majority of articles were descriptive and lacked contextual or theoretical analysis. Most missions were short-term (1 day – 1 month). The most common sending countries were the U.S. and Canada. The top destination country was Honduras, while regionally Africa received the highest number of missions. Health care professionals typically responded to presenting health needs, ranging from primary care to surgical relief. Cleft lip/palate surgeries were the next most common type of care provided.

Conclusions: Based on the articles reviewed, there is significant scope for improvement in mission planning, monitoring and evaluation as well as global and/or national policies regarding foreign medical missions. To promote optimum performance by mission staff, training in such areas as cross-cultural communication and contextual realities of mission sites should be provided. With the large number of missions conducted worldwide, efforts to ensure efficacy, harmonisation with existing government programming and transparency are needed.

Keywords: medical missions, low- and middle-income countries, volunteer, human resources

NOTEBOOK

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Ben Stiller visiting Port-au-Prince, Haiti, in April 2010 as part of a school-rebuilding project

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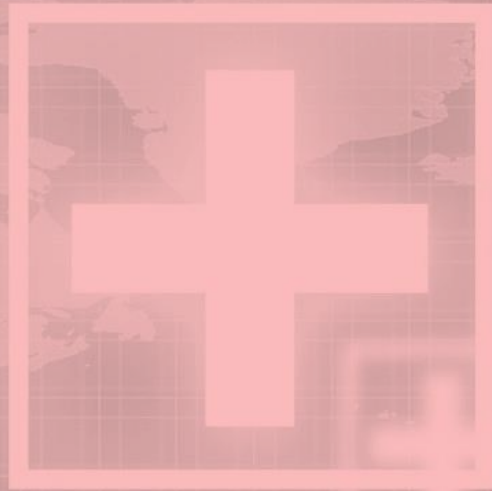
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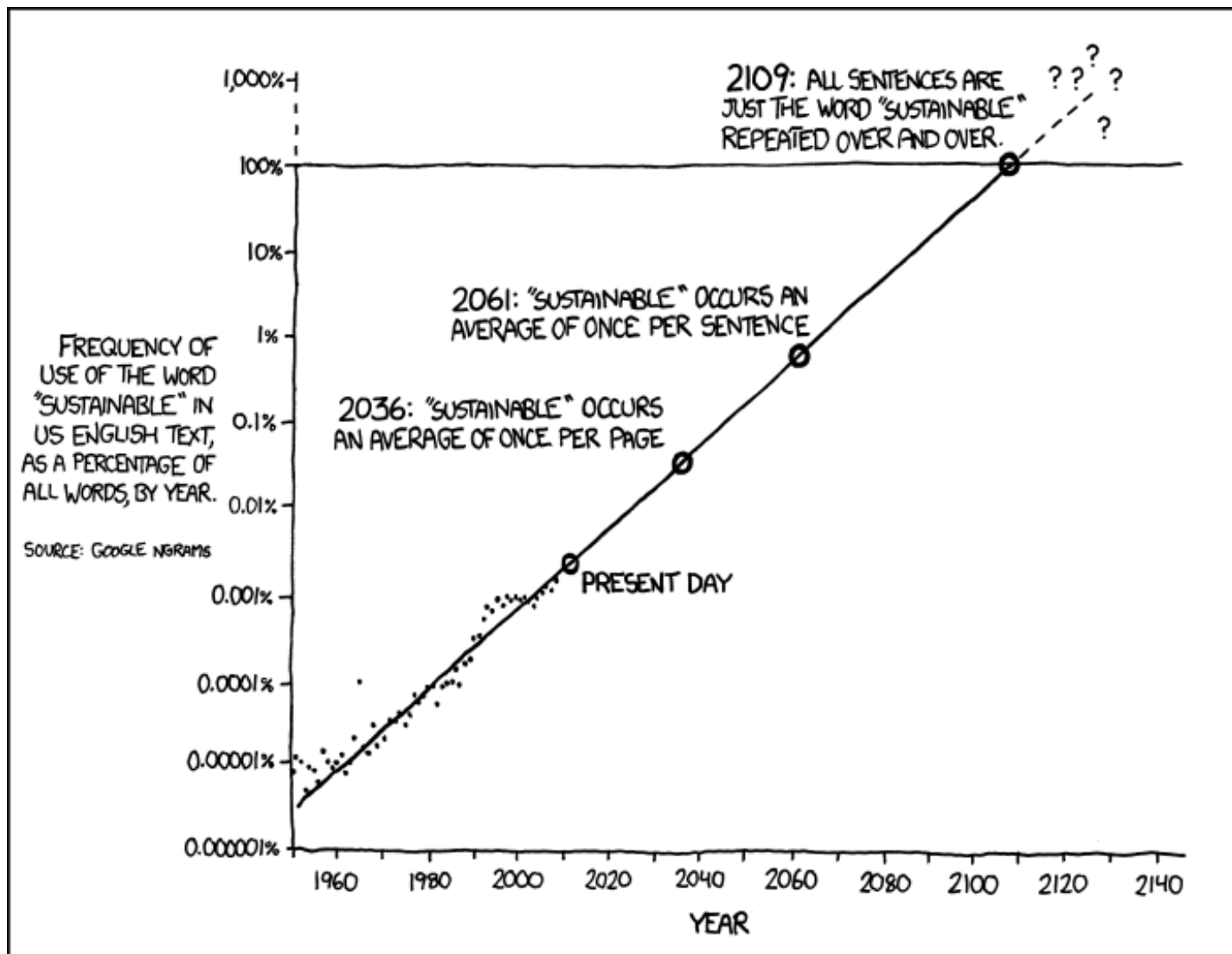
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be humble

work collaboratively

screen for unintended consequences



THE WORD "SUSTAINABLE" IS UNSUSTAINABLE.



Thank you



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