

# Child Family Health International

*Why don't we skip the clinic, and take a 'mental health day' at the beach?:*

## Professionalism 101

**You may be surprised to learn that, despite CFHI's thorough screening of participants and its service-learning oriented mission, unprofessional behavior is the most common problem CFHI experiences with participants in overseas electives. As CFHI's student numbers have increased, the impact of our students' presence on the communities that host and teach them has increased.**

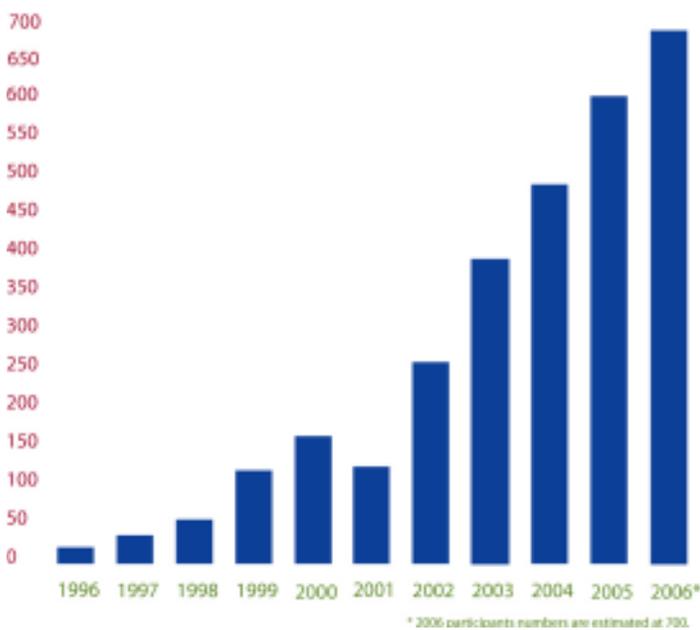
by: Jacqui Shaw, 2004 Alumna & the CFHI Team

"Who, *me?!?*" you may be asking. After all, what got you interested in medicine and in CFHI's programs were most likely motives of the highest integrity: an altruistic desire to assist and be of service to others, and to make a difference in a world sharply divided by need. Of course, these motives are commendable. However, even with CFHI's thorough screening of participants and its service-learning oriented mission, unprofessional behavior is the most common problem CFHI experiences with participants in overseas electives.

It can include ignoring rules set by host families, not attending or being late to clinic, or making unreasonable demands of host-country staff. Some problems may be extreme (e.g., becoming frustrated and leaving the program without notice) but usually they are much less so (e.g., wearing that wrinkled, un-ironed lab coat stuffed unceremoniously into your backpack the day before or showing up late, thinking no one will notice).

We mention this subject now, before you even set forth on your elective, because we believe in most cases the unprofessional behavior is not intended as such, and, in many cases, it is subtle and unconscious. It can be an unrecognized reaction to complex emotion. By discussing this topic ahead of time, we would like you to be aware of potential unprofessional attitudes and actions, both in yourself and in other participants.

**CFHI Participants (1995 - 2006)**



# How will you be remembered?

**F**or you, this month will pass rapidly and become one of hopefully many, enlightening and challenging experiences. You may think that, given your fleeting, transient presence abroad with CFHI, whatever you do, positive or negative, will be a mere ‘drop in the bucket’, quickly forgotten as successive cohorts of CFHI participants come and go, throughout the year. But however short your stay, we urge you to consider carefully the impact of *your* particular drop in the bucket. People in developing nations, including healthcare professionals and students, are much less mobile and more isolated than those in developed nations, for whom global travel, the internet, up-to-date information and advanced communication technology are daily realities. The isolation is especially intense in remote, rural areas. So your presence, attitudes and acts may continue to be remembered and remarked upon in your host country, for better or for worse, long after you leave, whereas in your home country, the same incident might have been quickly brushed aside. More important is the far-reaching effect your actions can have on long-term local healthcare. Unprofessional conduct in the healthcare setting can not only create mistrust in, and reinforce stereotypes about, people from wealthy "developed" nations, but by association, can also harm the longer-term trust between local physicians and their patients. Patient-caregiver trust is vital to sustainable healthcare in every country.

## Common Causes of Unprofessional Behavior

Let’s say you arrive one day at clinic to find your preceptor not there. You wait for 20 or 30 minutes, and finally, after 45 minutes, the doctor arrives. You feel discouraged and frustrated with this lack of respect for your presence and have an awkward day with the doctor, feeling hardly noticed. You decide the next day not to bother going to your rotation, opting instead to spend time emailing home and doing some site-seeing. **A better alternative, however, would have been to contact the CFHI Medical Director to let them know about the problems you were encountering at the clinic.** Despite your experience waiting for the doctor, not showing up to clinic would be seen as



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very unprofessional behavior. There are several reasons why unprofessional behavior happens in CFHI electives. A major contributor is ‘culture shock’. That is, individuals suddenly immersed in a foreign culture tend to react to the differences and stresses with a predictable set of responses: initial elation, later impatience, irritability or resistance to the host country’s ‘alien’ norms, and feelings of loneliness, fatigue, or social withdrawal. (For more information, see the section on Culture Shock in your orientation package you’ll get once you arrive on-site). These can occur even if you have traveled frequently in the past. Eventually, most people adapt to the new culture and become comfortable, but the road to that point can be bumpy, winding and unpredictable. The most important thing to realize about this process is that although you will to some degree experience culture shock, you may not even know you are feeling its effects. For example, you might ascribe feelings of irritability and impatience with some aspect of a rotation (potentially sparking an unprofessional incident) to either your own failings (e.g., your failure to be more flexible,



**Use the time during your weekly meetings with CFHI's in-country Medical Director and Local Coordinators to talk about problems or questions you have about the professional and community cultural aspects that seem "wrong" or "bad" to you.**

adaptable or understanding) or to those of the culture (i.e., its failure to conform to your 'Western' standards, though possibly for its own good reasons). In reality, your feelings are a side-effect of stress – neither entirely your fault, nor that of the culture. When recognized as such, steps can be taken to alleviate the symptoms of culture shock, for example, by informing CFHI local coordinators that you need to take a day off to rest (see the list of other tips in your orientation package), without offending your hosts.

### **Ethnocentrism**

A second major reason for unprofessionalism is more subtle, involving the built-in, invisible biases of our cultural

perceptions of what's normal and right. 'Ethnocentrism' is the unconscious assumption that there is a set of views or behaviors that are 'normal', and that there is a 'right' set of behaviors or norms that belong to one's own particular culture. The example below (p.4) of what is acceptable behavior for a doctor versus a student's attendance at clinic illustrates how we might have different standards at home than those in our host country.

**CFHI's approach is one of partnership.** We partner with local individuals, trusting that they understand better and more wholly what it is their community may need, accept and tolerate. Despite the fact that you are a smart, dynamic and probably flexible person, **please do not assume you "know better" than the local people you meet.**

People from the developed world may be particularly prone to variations of ethnocentrism, presuming that, because things are done a certain way in their own country, not only is this the way things are done everywhere, but this is the way things *should* be done everywhere. Of course, not even developed nations that speak the same language (e.g., Australia and the United States) share identical cultural norms, so it is impractical to expect that developing nations with

### **(in)Famous Quotes from CFHI Alumni of (ill) Distinction:**

"This preceptor is an idiot"

"My host didn't have any idea what it means to be Indian." - student commenting on her host coordinator in India (a native to India)

"...the older boy was wearing diesel jeans and a lacoste shirt today and they play very bad English music in their house. It would have been nice to stay with a more traditional family..."

"[The local coordinator was] a buffoon that talked too much about nothing useful."

"Although one of the doctors explained a few medical things to us, she was generally very bitter towards us because of the wealth of our country versus the almost primitive nature of the medicine in these small villages."

divergent languages, histories and economies will either. In medicine, we are used to making judgment calls as to what is or is not medically 'normal' and healthy, upon which most cultures may agree. However, although diagnoses may be similar in your host country, this does not mean that there will be cross-cultural agreement on how to treat or respond to a particular medical diagnosis. In the developing world, a treatment decision may be dictated not only by medical knowledge but also by different cultural norms, economic realities and local belief systems.

On a CFHI rotation in Oaxaca, Mexico, one alumna noticed that many patients insisted on injections instead of oral medications, regardless of the illness. The rationale, she later observed, was the perception that an injection would have a more immediate effect than medicine taken orally. She also made the following observation:

*One young woman had come in with melasma [facial pigmentation around the*

# Cultural norms may not seem so normal!

## Values

*cheeks]. The doctor had ordered lab tests to check her liver and kidneys, but not because she thought that was the cause of her illness. Apparently, it is community wisdom that facial spots mean liver or kidney abnormality. Sun exposure is the real cause, but the woman wouldn't have really accepted that explanation without some backup.*

So, declaring that local practitioners are 'wrong' to use or not use a particular technique, and should do things the way you are used to back home, may fail to take into account local realities (e.g., cost, lack of supplies, patients' belief systems) of which local practitioners are well aware but of which you are not.

### Value Differences

Another potential area of conflict involves differing views on the value of individuality. In the developed world, people mostly take the view that individuality, personal



**Traditional medical practices may seem strange or backwards, but what could or should be your role as a medical practitioner when relating to patients who believe traditional practices are important and even essential to their lives and heritage?**

initiative, ability to question authority and think for oneself are valuable traits, worth celebrating, protecting and rewarding. Yet in many cultures of the developing world, conformity with authority, and with community norms, is more valuable because this supports community cohesion. Though we encourage self-motivation, it is important to consult with your preceptor or local community members before pursuing any self-determined tasks. Although you may see such independence as a commendable exercise of personal initiative on your part, such behavior might also cause you to seem selfish or threatening (and thus unprofessional) to local staff because you were not asked to do it, or because you did not consult with them before commencing the activity.

### The Opportunity At Hand

Finally, it is important to realize the privilege of visiting the people and sites that will host you while you are abroad. Traveling abroad is seldom a part of the

**Name:** Suzy Q. Resident

**What:** Suzy skipped rotations on Wednesday

**Why:** "I wanted to switch my rotation on Tuesday night, because I was feeling really useless at my rotation this week, but couldn't get a hold of the Medical Director in time."

**Impact:** Host preceptor ("Dra. Martinez") was angry and decided that she wasn't going to host students from CFHI in the future. CFHI Medical Director had to work extra hard to find another preceptor willing to take extra students scheduled to visit Dra. Martinez the next couple of weeks, not to mention recruiting another preceptor to take Dra. Martinez's place long-term.

**End Result:** Suzy's expectation that the Medical Director could change the schedule mid-week for the sake of one student harmed the integrity of the entire program.

medical or higher education experiences of people from developing countries. In contrast to the developed world, healthcare workers in poorer countries cannot expect student loans, scholarships, or even a single, well-paying job upon graduation. Moreover, for students from developed nations, overseas medical electives serve important and valuable functions, such as teaching about conditions unusual in the developed world, yet important in ‘travel medicine’. However, in developing countries misuse has led to a derisive view of medical electives as ‘**medical tourism**’, where unqualified students seek impoverished, needy patients for the purpose of practicing their rudimentary skills upon people having little choice but to accept this or *no* care. This reinforces harmful stereotypes about people from the developed world as merely seeking to profit from people in developing countries, seeing them only as sources of natural resources, cheap labor, or as guinea pigs for foreign medical students to hone their skills. Clearly, this view does not accurately describe all people of the developed world, but equally obviously, it is unfair to expect indigent patients (of *any* country) to accept unqualified or incompetent care simply because they so desperately need medical care of some kind.

A corollary to the entitlement perception is that **CFHI participants, having paid their placement fees, may feel they are then entitled to ‘do as they please’ with their elective.** Presumably, they feel that, like buying any other parcel of goods, once you have forked over your hard-earned cash, what you do with your ‘purchase’ is entirely your business, including skipping the clinic to spend the day surfing or enjoying some ‘retail therapy’ when you are feeling a bit down. **Money from CFHI electives simply reimburses physicians and onsite coordinators for their time and effort, similar to your college tuition.** You will receive more than your hosts for this experience. Relationships such as those you will forge during your CFHI experience simply cannot be bought, and while it may be true that short-changing yourself

may in the end be your own private concern, short-changing local healthcare providers and patients by damaging their trust in, or respect for, local healthcare staff is a serious matter and should be everyone’s concern.

### Conclusion

In the end, **professionalism is courtesy,** communication and consideration of others’ viewpoints. So, while on your CFHI elective, realize that people see you as not just an ambassador for your country, but for the developed world in general. **Consider your reasons and motivations for choosing this elective,** and think about ethical issues (e.g., privacy, informed consent) that may confront you there. Consider how you will alleviate the inevitable culture shock — writing letters / e-mail to those back home, enjoying favorite pastimes or

music, or perhaps bringing a private stash of a favorite food. **Gain as much knowledge as you can of the local culture and language before arrival** — not only will you understand and enjoy more, but you will be better understood as well. Language and communication are keys to overcoming misunderstanding, relieving culture shock and building trust vital to the doctor-patient relationship. If you are not fluent and need communication assistance, consult with your local coordinator. To overcome isolation that many students and practitioners of developing nations feel, you can research local medical needs before you arrive and volunteer some effort towards meeting that need, to whatever extent your skills allow. This could include volunteering in peer education, collaboration in research, helping out at an orphanage or hospice, or some other project of your choosing. Finally, as you embark upon your elective and go about your activities in the host



Many times, people from other cultures come to their healthcare provider not seeking a diagnosis, but for pain management. Why? They have self-diagnosed themselves, concluding their illnesses stem from unresolved issues such as not regaining hot and cold balance after childbirth or the spirits being angry because they did not immediately set up an ancestral shrine after moving.

- excerpt from “*Doctor Makes Career of Bridging Gaps*” in *The Business Journal*, Sept. 19, 2005

# Thanks for Joining Us!

country, try to step into the shoes of local staff and patients, consider their perspectives and ask yourself whether you are obeying the Golden Rule — **Are you treating others the way you would want to be treated if the roles were reversed?**

the end



The staff members and volunteer board members of Child Family Health International (summer 2005).

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