

## LETTER

## Tb in a Global Health Exchange Program

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*To the Editor:*— A series of publications in *JGIM* have begun to examine the personal health risks encountered in global health training programs, including tuberculin skin test (TST) conversion and blood and body fluid exposure<sup>1-3</sup>. Clearly, global health training programs abroad harbor risks for trainees. This can be due to disease prevalence (e.g., multi-drug-resistant tuberculosis), the availability of personal protective equipment, and/or the extent to which trainees are prepared, among other factors.

Helping minimize risks to trainees in global health training programs is more than a logistic concern: it is an ethical obligation<sup>3-5</sup>. Merlin et al.<sup>3</sup> and Cooke<sup>4</sup> engage in an important discussion about several ethical issues, including the ethical obligations of training programs to their trainees; the provision of adequate supervision; the importance of weighing of benefits and burdens to the host community; and the appropriate relationship between training programs and governing bodies where they operate.

The Working Group on Ethics Guidelines for Global Health Training<sup>5</sup> recently published a set of ethics and best practice guidelines. These guidelines, developed through an international collaborative effort among multiple stakeholders, specifically reference the ethical obligations of sponsors, sending and host institutions, and trainees to develop and regularly update plans for helping ensure personal safety. The guidelines also address the importance of supervision; ensuring mutual and equitable benefits and costs among collaborators; demonstrating cultural competency; and meeting general professional and licensing standards.

Translating the guidelines into a practical and teachable format is the next challenge. To that end, we are currently

developing an introductory Web-based ethics curriculum geared toward trainees who will engage in short-term (<1 year) training or service in global health. Using ten cases adapted from real-world scenarios, this brief curriculum uses video vignettes, multiple choice questions, and corrective feedback to address ten core ethical themes. Ensuring personal safety represents one theme. It will be freely available at <http://www.ethicsandglobalhealth.org>. Open and targeted recruitment strategies will evaluate the effectiveness of the curriculum in the near term.

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## REFERENCES

1. Gardner A, Cohen A, Carter EJ. Tuberculosis among participants in an academic global health medical exchange program. *J Gen Intern Med* 2011; 26(8):841-5.
2. Dandu M. Trainee safety in global health. *J Gen Intern Med* 2011; 26(8):826-7.
3. JS, Morrison G, Gluckman S, Lipschik G, Linkin DR, Lyon S, O'Grady E, Calvert H, Friedman H. Medical students in developing countries. *J Gen Intern Med* 2011; 26(8):833.
4. Cooke M. Medical students in developing countries: some benefits for sure but a mixture of risks. *J Gen Intern Med* 2011; 26(5):462-3.
5. Crump JA, Sugarman J. Working Group on Ethics Guidelines for Global Health Training (WEIGHT). Ethics and best practice guidelines for training experiences in global health. *Am J Trop Med Hyg* 2010; 83(6):1178-82.