

## **ESTABLISHING INTERNATIONAL PARTNERSHIPS**

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Many U.S. and Canadian medical students and residents participate in elective experiences in institutions abroad. When sanctioned by a student's or resident's home medical school or residency program, the elective necessarily means that the North American institution has established a relationship with a medical school, mission hospital, community health program, etc., in another country. Sometimes participating institutions formally recognize such relationships; more often, however, these relationships lack formal contractual agreements. In both formal and informal relationships, IHMEC encourages participating institutions to strive to establish equitable partnerships. Elements of successful, long term partnerships are outlined below.

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### **Relationships Characterized by Mutual Respect, Commitment and Clearly Stated Goals**

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attending family functions, social events, and spending time with the extended family of the partner. Relationships between individuals form the cornerstone of institutional partnerships. Academic centers, hospitals and communities in developing countries frequently receive invitations for collaboration from non-governmental organizations (NGOs), which may also include North American academic health centers. Because many partnerships never result in a meaningful collaboration, there is often an initial reluctance. As an example, the government of Honduras estimates that there are almost 600 NGOs operating in the country, many resulting in little if any, tangible outcomes. Therefore establishing trust and reliability as a committed partner is understandably of primary importance and resources, technology transfer, or shared projects are secondary. This is an especially important principle for U.S. health centers since North Americans can tend to appear efficiently goal-oriented, while counterparts in developing countries may place a greater value on long-term relationships. It is good to remember that in many cultures there is little difference between what we consider personal versus professional relationships; this means that in these cultures the establishment of an effective partnership may mean attending family functions, social events, and spending time with the extended family of the partner.

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insight, honesty, and tolerance. For example, one institution might encourage international electives for its residents as a means to enhance its own residency program. The other institution that accepts these residents might do so because it sees them as a means to attract more technology. A successful institutional relationship requires each partner to understand the other partner's intentions, desires, and needs. Flexibility on the part of all participants makes attainment of this end more likely. Individuals must try to minimize and question their own assumptions when establishing institutional and individual relationships.

Although these principles may appear intuitively obvious, experienced IHMEC members can relate experiences when misunderstandings occurred that could have been prevented with an open discussion during the planning period.

### **Effective Communication**

Partner institutions should create a mechanism for communication between principal members, and a spokesperson for each institution should be clearly identified and recognized by participants at both institutions. Ideally, the role of this spokesperson should be part of the management structure of each

institution, so that communication continues when any individual spokesperson moves away or is otherwise unable to continue. Unfortunately, the mutual trust of a carefully nurtured partnership is often eroded by the sudden unavailability of one of the founding members; this should be anticipated and an appropriate and willing replacement designated and briefed. Participants should strive to understand and respect the institutional hierarchy of both institutions as well as the goals of each institution. Informal institutional relationships should strive for formal endorsement by both institutions. When the partnership has financial support, the budget should be openly discussed and precisely defined. In many countries written institutional agreements with clearly delineated mutual expectations are critical because they signal a commitment to carrying out the intended objectives. The deans or hospital directors of both institutions should sign the written agreements.

### **Equity**

Each partner institution must give and receive in a balanced, appropriate, and relevant manner. For a successful partnership, the institutional and individual relationships need not be equal, but they must be equitable. Determining equity requires mutual respect and understanding and effective communication. For example, participants at two partner institutions might agree that the personal growth that a US student gains from an international experience is appropriately balanced by the transfer of an EKG machine, the knowledge and skill of how to use it, and replacement parts.

## **Exchange**

Each partner institution should encourage the development of individual, counterpart relationships (e.g. student with student, faculty with faculty, etc.) Though not always a necessary element of a successful partnership, bilateral exchange of personnel is often a likely and desirable outcome. Principal members from each institution should strive to understand the benefits of bilateral exchange and, when deemed appropriate, establish mechanisms for its implementation. One of the most common difficulties encountered in a bilateral exchange is that of adequate funding, especially for those visiting the U.S. This often requires effort and ingenuity to overcome, but has been creatively addressed in some institutions with techniques such as institutional matching of foreign funding, multi-lateral research grants, private fund raising and donations, and even bake sales and garage sales. In recent years, the ECFMG has sponsored a limited number of International Fellowships in Medical Education, which carry the added benefit of possible funding for follow up visits a few years later.

Exchange programs are common and very popular. However, they are only successful if there are well-defined objectives or projects. A poorly planned exchange can result in a frustrating experience for participants. Some potential pitfalls when participants from developing countries visit developed countries include:

1. Participants may be frustrated by not understanding the cultural expectations.
2. Participants may feel ignored or in the way because their hosts are too

busy with their other or usual work and family obligations.

3. Participants, especially medical personnel may be disappointed by their inability to directly participate in patient care. (Due to legal and/or cultural prohibitions) They may even be offended because they may have observed their US counterparts practicing medicine in an unrestricted manner in the developing country.
4. Without explanation and discussion, participants may feel inadequate because of the higher standard of living and access to technology in the U.S. For example in many developing countries fully qualified physicians earn less than a U.S. resident in training.
5. Some participants may come to the U.S. with unrealistic expectations. When these expectations are not met, participants are disappointed or lose motivation for further collaboration.

## **Research and Grants**

Research and grants are not necessary elements of a partnership. However, when research or grants are parts of an institutional relationship, the research or grant should be planned and implemented in a manner consistent with the above elements. For research projects, a member of the host institution (defined as the institution where the research is primarily carried out) should be the principal or co-principal investigator. IRBs from both institutions should review the research. In many developing countries the IRB is a national or governmental committee rather than a university committee. Grants monies should be disbursed in an equitable manner. Whenever possible, research projects should focus on the issues that are relevant to the priority

health needs of the country. All too often, narrowly focused research has little relevance for the host country and may even drain academic centers of the best resources and personnel. Host countries should be encouraged to modify the proposal or refuse participation if they perceive no benefit or harm by participating in a research project.

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