

Short-term overseas volunteering:

is it worth it?

As a medical student in 1975, I travelled the overland 'hippy trail' to Nepal to take up an elective post at a leprosy hospital for 2 months. Forty-five years later I returned as a volunteer to work for a month in the isolated mountain villages of north west Nepal.

As Programme Director for Global Health Fellowships at the London School of General Practice, Health Education England, I help place experienced GP trainees in posts in developing countries. A year is felt to be the minimum period for the trainee to deliver real benefit and gain worthwhile expertise. Yet here I was heading out on what some might dismiss as a 'volunteer vacation'. How could I justify such a short-term commitment?

PREVENTING HARM FROM VOLUNTEERING

Growing concerns about the value and effectiveness of short-term volunteer trips intended to improve health in lower income overseas countries has driven the development of guidelines designed to mitigate potential harms and maximise benefits associated with such visits.

Six core principles have been identified for delivering effective and ethical short-term experiences in global health:¹

- appropriate recruitment, preparation, and supervision of volunteers;
- a host partner that defines the programme, including the needs to be addressed and the role of the host community in directing and teaching the volunteers;
- sustainability and continuity of programmes;
- respect for governance and legal and ethical standards;
- regular evaluation of programmes for impact; and
- mutuality of learning and respect for local health professionals.

I volunteered with PHASE (Practical Help

Achieving Self Empowerment), a Nepali NGO that delivers primary healthcare services and training to remote resource-poor communities. I worked in two villages more than a day's walk from the nearest pot-holed dirt road, providing clinical training and mentoring to three auxiliary health workers (AHW) in each location. I lived with the AHWs in a basic single-story clay and stone built house that had no mains electricity or running water. The villagers subsist on crops of maize and wheat, grown on terraces disappearing up the 3000 metre mountainsides.

I attended clinics with the AHWs and focussed on their learning from the presenting patients, followed by a learner-led structured teaching session. Observing community outreach work stimulated discussions around health promotion, group work, and change management. While working through a translator had its limitations, we were able to explore subjects such as consulting skills and confidentiality.

I was impressed by the knowledge, skills, and commitment of the staff. They faced clinical challenges where access to laboratory investigations and secondary care facilities were up to a 2-day hike away. Treating chest and skin infections and acute joint swellings; splinting of a 4 year old child with an ulnar head fracture; antenatal care; and the management of diabetes and hypertension were all in a days work.

MAXIMISING THE BENEFITS OF SHORT-TERM VOLUNTEER TRIPS

So did PHASE Nepal meet the six core principles to deliver value and effectiveness in short-term volunteer trips?:

- An orientation meeting was made available by a UK GP who had previously worked with the organisation. Teaching and clinical manuals and a culture orientation pack were provided. I was briefed on arrival and debriefed on

departure and accompanied by a Nepali health management supervisor who acted as my translator and guide.

- In using evidence-based teaching and treatment guidelines the PHASE Nepal in-service training enhances the knowledge and practical skills of AHWs to manage common clinical conditions.
- The delivery of the structured mentoring and teaching programme had clear objectives. Sustainability and continuity were achieved through the delivery of the structured mentoring and teaching programme provided by the ongoing UK GP volunteer appointments.
- Meetings took place with community leaders, government outreach health workers, local schools, and traditional healers to ensure compliance with local beliefs and practice.
- Regular monitoring and evaluation was through structured feedback forms completed by the teacher and learner. These were shared in an education supervisor review as well as in a debriefing session at PHASE Nepal head office.
- There was a close working and teaching relationship with the government health workers, including the sharing of village health posts. Furthermore, the experience improved my learning and teaching skills as both a Programme Director and GP.

Subsequently, the answer was yes to all six principles. So with that in mind I have booked another volunteer slot for November 2020. If you have the opportunity to work as a GP with PHASE Nepal — don't miss out.

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