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Exploring bidirectionality in US pediatric global health programs

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Background

- US-based medical institutions are increasingly participating in global health partnerships (GHPs)
- GHPs historically prioritized resource-rich partners over resource-constrained partners
- GHPs called to be bidirectional
- Lack of consensus on definition of “bidirectionality”

Purpose

- To describe **how pediatric GH faculty define the concept of ‘bidirectionality’** and explore **perceived benefits and challenges** to achieving bidirectionality.

Methods

- **Cross-sectional survey study**
- Data collected 1/18/23 – 2/20/23
- Summary statistics used for discrete and categorical variables
- Free-text responses were **coded through inductive approach** by three researchers
- Of 206 AAMC-accredited pediatric residency programs, 88 GH contacts resulted in 24 participants

Results

Domain II: Defining “Bidirectionality”

Reciprocity: “Partners see themselves as mutually beneficial to one another and resources such as knowledge, research, and people are exchanged and shared roughly equally between the partners.”

Equity: To accomplish such a relationship, parties must be very aware of the power dynamics at play and seek to create greater power equity.”

Collaboration: “We learn and support one another, with providers from the USA participating in patient care and learning activities in other countries, and vice versa.”

Domain III: Benefits

Respect: “It raises the level of respect for each party” and it allows parties to “exchange ideas on equal footing in a respectful shared space”

Learning: “We have so much to learn from one another. Building relationships and seeing the world from other perspectives makes our skills as clinicians and knowledge as humans so much richer.”

Equity: [It is] “incredibly important to minimize/prevent exploitation”

Domain IV: Challenges

Technical Barriers: “It felt very unfair to be able to send residents to Kenya but not have them able to come to the US for their continued learning.”

Cultural Barriers: Barriers to GH partnerships can occur from “unequal partnerships, cultural clashes, neo-colonialism, confusion about roles, distrust when people are not communicating well.”

Power Dynamic Barriers: “A challenge that can arise is assuming that because bidirectional parameters have been put in place with a partner, that the power differential goes away. Bidirectional partnerships can diminish the power differential, but cannot erase it.”

Financial Barriers: “Residents in most of Africa pay to go to residency. They have moonlighting jobs to make ends meet. So asking them to come to the US for an educational opportunity means they have to forgo jobs which help pay for rent and tuition. This is a financial burden.”

Conclusions

Our results suggest that bidirectionality could be defined as a concept whereby two or more partners collaborate at the personal and institutional level, resulting in reciprocal and equitable exchange of benefits. Additional qualities may include **mutual respect and understanding, not merely an exchange of financial or educational resources.** Actual practice and execution of bidirectionality in GH varies and may warrant further evaluation and reflection on best practices of implementation.