

## Medical electives overseas – your chance to witness global health firsthand

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### Medical Electives – An Opportunity

As awareness of global health increases, many medical students are keen to take their university electives in a developing country. Working in this contrasting environment can build on your knowledge and skills base whilst challenging your perceptions of medicine - a great way for you to develop both personally and professionally.

Spending a month in an under-resourced, busy medical environment that employs unfamiliar techniques and cultural practice will greatly improve your understanding of global health and give you an ideal grounding in the delivery of healthcare within a developing country.

Hospitals are short staffed and have a high patient load, so students often find that opportunities for patient interaction present themselves early on. Ill-equipped wards can also mean a return to the basics of healthcare, diagnosing and treating without adequate laboratory or medical equipment. One [medical student](#)<sup>1</sup> reflected on here weeks in Arusha, Tanzania:

*“The past few weeks I have seen diagnoses done based on patient presentation and examination and I have come to think at home we waste a lot of money exposing patients to radiation.... the doctor should confirm a diagnosis, not a form of medical imaging. Take this as your chance to touch a patient, feel and hear an arrhythmia, listen to the crepitus, palpate an enlarged spleen. Jump on these opportunities, force yourself to do examinations, make the most of your clinical experience.”<sup>1</sup>*

It is often the nature of developing countries that patients do not present until they have advanced pathologies, some of which you may have only read about in text books. You may also witness diseases that are rare or have been eradicated in higher income countries. Tropical diseases such as malaria, leprosy or dengue fever are common, and there is often opportunity to assess and care for patients which you would not be able to do in the UK. [Rory](#)<sup>2</sup> worked alongside an Oncologist in Tanzania treating Burkitt’s lymphoma a pediatric cancer that usually presents as the swelling of the lymph nodes in the neck or groin. Rory notes, *“The significant difference in the offered treatments highlighted perfectly the difference in health care delivery”<sup>2</sup>*. It also offered a great chance to expand his skills and knowledge base.

It is also important to understand the effect cultural differences play on healthcare in many developing countries. Many students witness unusual symptoms such as burns or side effects that do not match the primary illness and these are often attributed to traditional healing methods. Fundamental patient rights like privacy and cleanliness can also be compromised. [Matt](#)<sup>3</sup> worked in the Obstetrics and Gynaecology ward in a Government hospital in Nepal and found *“there was no concern for patient privacy - no curtains around the beds. Latex gloves were used for internal examinations but these are recycled and washed at the end of the ward round for re-use”*(3). It is important to respond to these issues with sensitivity – you are in their country, they are not in yours.

## What should you be looking for in an elective?

[Dundee University](#)<sup>4</sup> identified four key learning domains for electives – clinical knowledge and skills, attitudes, global perspectives and personal and professional development. They also noted two broader issues – institutional benefits and moral/ethical considerations. In every case they felt opportunities were missed due to a lack of structure and planning. The conclusion was that electives do not benefit from ad-hoc arrangements. The findings support the [GMC’s advice](#) on clinical placements for medical students, who believe placements should have clearly defined learning objectives.<sup>5</sup>

To make the most of your placement you need to put the work in - be very clear when you get in touch with an overseas hospital about your abilities and goals. Many clinical and ethical dilemmas arise when supervisors do not adequately understand a student’s skills, or procedures are at odds with UK teaching. There are also many unscrupulous hospitals that place the revenue from student fees above both patient care and student experience. To eliminate problems when you arrive, find out as much as you can about how your placement will work, whether there is any ground support, who your supervisor will be, where the monies you are paying will go, whether your role will involve “hands-on” work and how many other medical students will be working with you. Paragraphs 50, 157 and 165 of *Tomorrows Doctors*<sup>6</sup> recommend that agreements should be in place with clinical placement providers that set out roles and responsibilities for placements, as well as learning objectives.

To maximise your time and gain the most from your elective, speak to [Work the World](#) or another medical elective provider who specialise in healthcare placements.<sup>7</sup> In the case of Work the World a designated Overseas Operations Manager will work with you closely to design a placement that matches your interests, take away all the hassle of organising it and make sure you feel 100% supported throughout.

## 10 Tips for Medical Electives

- 1. Get planning!** - As soon as you have the dates, start thinking about what you want to do and whether you want to travel independently. Student placements in some hospitals can be hugely oversubscribed and it can take a long time to arrange an elective that suits your needs.
- 2. Safety in country?** The [FCO](#) publish advice for travellers to all countries, and it is wise to keep checking to make sure your chosen destination is safe.<sup>8</sup> A good electives organiser will provide 24/7 support in-country, but if you are travelling alone then make sure you know where the embassy and the best hospitals are in case of emergency.
- 3. What are your aims and expectations?** Make sure you have a clear outline of what you need and want out of your placement. Speak to others who have travelled and read elective case studies so that you have a realistic idea of what to expect.

4. **Fundraising / applying for bursaries** – there are lots of options available. Check out this blog for some [fundraising tips](#).
5. **Book your placement** –If you have chosen to travel independently find out as much as you can about the role and who you will be working with, and get it in writing so that have something to fall back on if things do not work out as planned.
6. **Communicate your skills** – Avoid any clinical or ethical dilemmas by clearly outlining your abilities to your electives provider and / or supervisors.
7. **Arrange insurance and indemnity protection** – Many students will have free indemnity cover through their university course or as members of a professional body. You must have both forms of cover to ensure you are protected.
8. **Flights, accommodation and visas:** Only book flights and hotels AFTER your placement is agreed. The same applies for visas.
9. **Visit the travel clinic for inoculations** – keep in mind some vaccinations need to be scheduled over a few months.
10. **Get involved** - It is easy to be intimidated in a very different environment, but the best advice is to put any shyness to one side and get involved. If you show that you are willing to learn the language and are happy to step up to a challenge, the hospital staff will invest in you.

## References

1. Work the World blog - my placement in the Casualty Department. From Work the World: [http://www.worktheworld.co.uk/blog/my-placement-in-the-casualty-department-arusha\\_3018](http://www.worktheworld.co.uk/blog/my-placement-in-the-casualty-department-arusha_3018)
2. Work the World blog - students clinical highlights. From Work the World: [http://www.worktheworld.com/blog/the-weekly-question-what-has-been-your-clinical-highlight-this-week-2-2\\_3142](http://www.worktheworld.com/blog/the-weekly-question-what-has-been-your-clinical-highlight-this-week-2-2_3142)
3. Work the World case studies. From Work the World : <http://www.worktheworld.co.uk/case-studies/matt-clarke/>
4. Dowell J, Merrylees N. Electives: isn't it time for a change? Med Educ. 2009 Feb;43(2):104-5.
5. Page 10, point 54. Clinical placements for medical students, advice supplementary to Tomorrow's Doctors (2009) available from [http://www.gmc.org.uk/Clinical\\_placements\\_web.pdf\\_38514214.pdf](http://www.gmc.org.uk/Clinical_placements_web.pdf_38514214.pdf)
6. Tomorrows Doctors (2009) available from [http://www.gmc-uk.org/education/undergraduate/tomorrows\\_doctors\\_2009.asp](http://www.gmc-uk.org/education/undergraduate/tomorrows_doctors_2009.asp)
7. Work the World, specialists healthcare placement provider. Found at <http://www.worktheworld.co.uk>
8. Foreign and Commonwealth office. Found at <http://www.fco.gov.uk/en/>

## Work the World

All the students in this article travelled with Work the World. Placements include placement planning, accommodation, meals, language lessons and airport pick up, as well as a trip planner and downloadable supporting material via a personalised online facility - "MyTrip". To find out more about our tailored placements, or to discuss options for a potential group outreach or focus project, visit the website [www.worktheworld.co.uk](http://www.worktheworld.co.uk) , email us at [info@worktheworld.co.uk](mailto:info@worktheworld.co.uk) or call on 01273 573 863.