



Rachel Perry, Emma Pedlar & Vicky Lavy

THE ELECTIVES HANDBOOK

Your essential guide to planning and preparing

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The views expressed in this booklet are solely those of the authors and do not claim to represent those of Christian Medical Fellowship, or any of the academic institutions or other organisations with which the authors are affiliated.

Christian Medical Fellowship

Christian Medical Fellowship is a network of doctors and medical students in the UK, connected to over 80 national Christian medical organisations around the world. Many CMF members are involved in International Health, and some are working long-term in less developed countries.

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INTRODUCTION

Your elective is a fantastic opportunity to do something different and learn new things. Away from home, you will experience another culture and have a chance to look at the world from a different perspective. It's a time to listen to God as he challenges your priorities and assumptions.

Many students go to a less developed country (LDC) to experience life and healthcare in a very different environment to the UK. They witness some of the effects of poverty, see diseases never found in the UK and experience healthcare on a low budget. They are challenged to think about God's call to serve the poor and how to respond, both now and in the future.

Wherever you go, whether it's Swaziland or Switzerland, you will discover more about the world God made and how he is at work in many ways in different places.

Deciding what to do, where to go and how to get there can seem a daunting task. This handbook has been written to help you think through the options and issues. It contains lots of information as well as space for you to reflect on your ideas and plans. We have also included questions and scenarios for you to discuss with others or think through on your own.

Although much of this handbook is about electives in less developed countries, it will be useful for anyone considering a variety of options. It has been written by medical students and doctors but it is relevant for students in all healthcare disciplines. We hope it will help you prepare for an experience that may change the way you live now and shape your life in the future.

The earth is the Lord's, and everything in it,
The world and all who live in it:
For he founded it upon the seas
And established it upon the waters.

Psalms 24:1

WHAT AM I LOOKING FOR?

Use this page to write down your initial thoughts about your elective.

What am I hoping to get out of my elective?

write here



Do I have any specific goals? (eg experiencing a particular culture, learning about a specific topic, 'testing the water' for serving in the future)

write here



Which part of the world am I interested in?

write here



What kind of medical or healthcare setting would I like to work in?

write here

Is God pointing me towards a particular place or experience?

write here

Who could I discuss my plans with and who could give me some advice?

write here

1. PLANNING AHEAD

It's important to start planning early - there's a lot to organise!

- Many hospitals or clinics have a limited number of places and it may be 'first come, first served'
- Communication may be slow - people are busy and may take time to respond to emails
- If you don't get your first choice of placement, you will need time to investigate other options
- You may need time to fundraise and apply for grants
- The earlier you book, the cheaper the flights will be

18 months:

- Start praying about your elective, that God will guide and teach you as you plan and go
- Meet up with students who have already been on their elective
- Start deciding on and applying to organisations and hospitals
- Look out for CMF events and courses. If there's nothing on offer, why not put on an event in your medical school or training institution - CMF will help

12 months:

- Start saving up and fundraising
- As soon as you have a place you can apply for grants/financial support

6 months:

- Apply for a visa if required
- Book your flight
- Find out which immunisations you need

3 months:

- Apply for personal and medical indemnity insurance
- Start any immunisations you need
- Organise any in-country travel and accommodation aside from your placement
- Write to your host to find out if you can bring anything over for them
- Tell your church and your friends about your plans and ask people to pray

1 month:

- Shop for any kit you may need; make sure you have sufficient personal medication for the time away including anti-malarials if needed
- Sort out your money: check with your host whether you should bring cash in dollars, sterling or local currency, and whether credit cards can be used
- Make photocopies of important documents and email yourself scanned copies
- Confirm your arrival with your host
- Take time to consider some of the cultural, ethical and other challenges you may face

1 week:

- Pack and prepare for an amazing experience

2. THINKING IT THROUGH



What does my medical school require?

Your training school/university is likely to have some broad criteria that you must meet - remember to check this out before you start making plans.



What kind of medicine and healthcare would I like to see?

Think about which specialties you enjoy and any career aspirations you have. Some hospitals specialise in particular areas and some general hospitals may restrict their students to particular specialties, so work out what you want to do before you apply.



How much hands-on experience am I hoping for?

Your elective could be an opportunity to improve your clinical skills and examination and to help out with practical procedures. But there are hospitals where students are expected mainly to observe and receive more formal teaching. When you are looking at options, enquire about the expectations they have of you as a student and try to speak to past students to avoid being disappointed.



Going to a developing country gave me an opportunity to observe how healthcare is organised and gave me a new appreciation of the NHS, where regardless of financial status people receive the treatment they need. I now greatly appreciate many aspects of care which we in the UK take for granted, such as the provision of food in hospitals and the ambulance service.




Should I go to a less developed country?

Your elective is a unique opportunity to see healthcare in an LDC. It may be more expensive than staying in the UK and less prestigious than going to a specialist unit in the USA, but there are lots of reasons why it's worth considering an elective in an LDC:

- As a global citizen, it's important to see what life is like for 75% of the world's population

2. THINKING IT THROUGH

- As a global Christian, it's good to meet and learn from brothers and sisters in another culture, and see what God is doing in the church worldwide
- God calls his people to care for the poor. Going to an LDC will help you to understand the needs and think about how you can respond
- You will see diseases and conditions that you won't come across in the UK, as well as advanced presentations and clinical signs
- You will see healthcare on a low budget and see how financial constraints impact decision making
- You will gain insight into another culture that you won't get as a tourist
- You will see what it would be like to work abroad in the future



My clinical examination skills have vastly improved as patients in Malawi presented late with marked clinical signs. I certainly got to see things you would never see in the UK. I thoroughly enjoyed my elective and learnt so much. It has been a life-changing experience that has greatly influenced my faith and my future career plans.



What kind of hospital should I choose?

Think about whether you want to go to a mission hospital or a government institution. Your elective is a unique opportunity to experience life in a Christian hospital, which we don't have in the UK. Many mission hospitals are in rural areas; some were the first health institutions in their countries. In some parts of Africa, mission hospitals still provide as much as 40% of healthcare.¹ Another option is to go to a teaching hospital, which is more likely to be a secular institution in a city. Nowadays, almost all countries in the world have one or more medical schools and usually a number of nurse training schools.

1. ARHAP. *The contribution of religious entities to health in Sub-Saharan Africa*. 2008.

Coming from a secular workplace, this opportunity to pray together with my colleagues was one which I embraced. It was encouraging and refreshing to have the opportunity to combine my faith and my work and to unite with the staff and patients in our common beliefs.

This table compares some of the likely features of an elective in these kinds of hospital, but there are many variations on these themes; rural government hospitals, urban mission hospitals and Christian medical schools.

Rural mission hospital

Few students so you may get more opportunities to take part in the work - clerking patients, helping with procedures

Smaller number of staff so you may become 'one of the team' while you are there, and be involved in the life of the hospital

Less formal teaching - learning on the job, supervisor may be very busy

Facilities may be basic - lab tests and other investigations may be very limited

May have very few specialists

Urban teaching hospital

You will be one of many students but you will have the chance to meet and make friends with national students

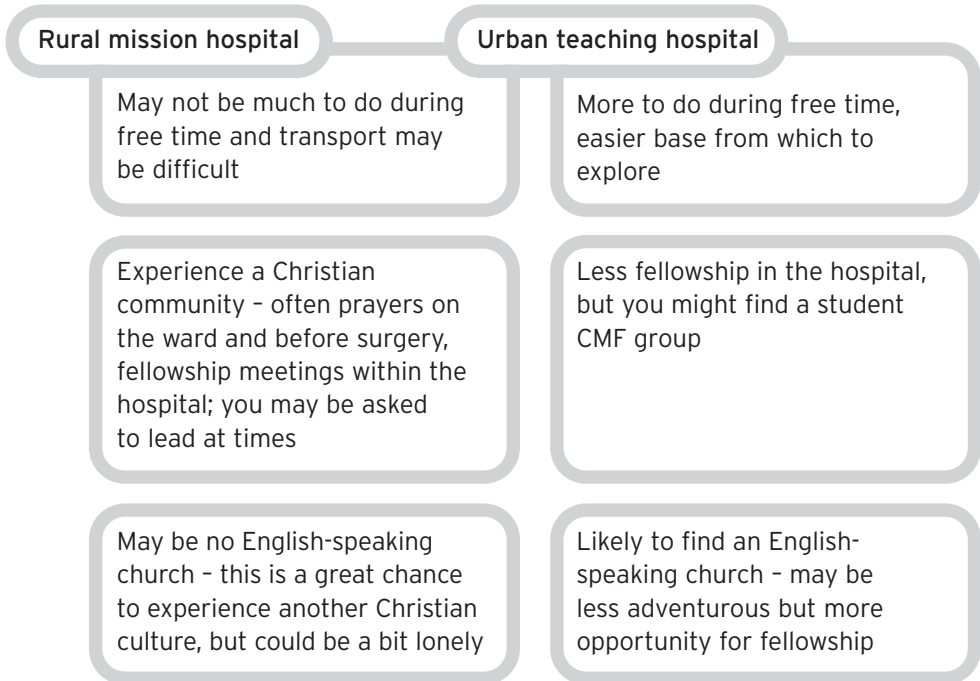
Larger number of staff so you may feel less involved

Likely to have some formal teaching sessions

Likely to have better facilities and greater variety of procedures being done

Will have a range of specialists

2. THINKING IT THROUGH



As you think about this question, it's worth remembering that most healthcare takes place in communities. That is where people get ill and where prevention is most effective. The World Health Organization (WHO) talks about working 'up stream' to reduce the underlying causes of ill health. 'Turning off the tap' of ill health at community level is arguably more important than the work of all hospitals put together!

So whatever kind of hospital you end up in, make sure you also get involved in community health. Visit community health programmes, talk to community health workers and see what other development activities are going on.

**Should I split my time between two places?**

Going to more than one place will broaden your experience. You might be able to spend time in a hospital and a community programme. However, the less time you spend in any one place, the less involved you will be. You may find that you have just got your bearings and then it's time to leave - so think carefully about what to do with the time you have. Some hospitals won't take students for less than six weeks, though it's possible to find placements for anything from two weeks to six months or longer.

**Should I go alone or with a friend?**

This can be another difficult decision as there are pros and cons each way. With a friend you will always have company and support, and travelling will be safer. However, going alone you are more likely to get involved in community life and make friends at your placement. You will have more freedom in deciding where to go. Some mission hospitals only take one student at a time and some don't take non-Christians.



Going on my own forced me to take the initiative to get to know people and get involved in activities outside the hospital environment. If I had gone with a friend I don't feel I would have got so much out of the experience.

**Should I do a research project?**

Doing a research project can be a good way of getting involved and avoid being just an observer. It can also make a useful contribution to the hospital and be the basis for an assignment or a paper. Ask your host well in advance if there is anything they would like you to look into, or any on-going research you could join in with. You may need to get ethics approval - discuss this with your host and your academic supervisor in the UK. However, take care that your project doesn't take over and leave you with no time for clinical medicine. Be ready to be flexible when things turn out differently to what you had expected.

2. THINKING IT THROUGH



How much will it cost?

Once you have an idea of where you would like to go, write a budget to guide your plans. An elective that initially seems expensive because of the cost of flights may be cheaper overall because the cost of living is low once you are there. Factor in the fee that a hospital or mission agency will charge; this varies from place to place. The most important thing is to start planning early so that you have time to raise the funds you need. There is more information about funding on page 32.



Where will I stay?

Many hospitals will provide accommodation; there is usually a fee for this. If you have to arrange your own accommodation, you will need to balance comfort, cost and convenience. A cheap hostel on the outskirts of a city may seem like an ideal solution but once transport costs and the value of your time commuting every day is taken into account, a more costly place near the hospital may be a better option.



How will I manage the language barrier?

In many places you will not know the local language spoken by patients and will need help with translation. Be ready to learn as much as you can when you are there and take language lessons if you have the opportunity. It's wise to go somewhere where you have a reasonable grasp of the language which hospital staff will speak, eg French in West Africa or Spanish in South America. Some students take language-based student selected modules to prepare for their elective, but even if you're short of time, a language CD or some online tutorials will be useful preparation.



What will it be like to live in another culture?

An elective outside the UK will involve adapting to and living in a new culture that may differ from the UK in many ways, including views on dress, manners, relationships between the sexes, food and alcohol. This is all part of the adventure but it's worth thinking through what will be expected of you in the place where you are considering going.



How safe is it?

Depending on your personality and past experiences, this may or may not be at the top of your agenda. Think about the country you are going to (check the Foreign Office website www.gov.uk/foreign-travel-advice), the area surrounding the hospital and whether you are travelling alone.



Is God pointing me to a particular place or experience?

You may have a special concern for a particular country or area of need. Sometimes God guides us through things we read or hear. But God can teach us and use us anywhere so there isn't one 'right' place for your elective. Think through the questions above, explore the options and ask God to help you make a wise choice.

Trust in the Lord with all your heart
and lean not on your own understanding;
in all your ways acknowledge him,
and he will make your paths straight.

Proverbs 3:5-6

3. FINDING A PLACEMENT

Once you have thought through these questions, you should have an idea of what you are looking for and can start applying for places. There are different ways to go about this - here are some pros and cons:

	Arranging directly with a hospital	Going with a mission agency	Going through a medical/nursing school connection	Going with a commercial company
choice	Lots of choice but you may have less knowledge about suitability of hospital	Most agencies only send to a handful of places but there are many agencies to choose from	Limited choice	Variable degree of choice
cost	Less expensive	Varies between agencies	Less expensive	Expensive
hassle	You will have to make all the arrangements. Sometimes contacting host can be difficult	The agency will help with communication and arrangements	There should be good connections between your medical school and hospital	Least hassle - they will make all the arrangements for you
support	No back-up support from UK if there are problems	Usually provide orientation before you go and support during your elective. Usually offer a de-brief on return	Help should be available through your medical school. Pre-elective training variable	Should have back-up and support. Pre-elective training variable
other	May be less easy to find past students to talk to	May not be able to go with non-Christian friends	Easy to find other students who have gone	May be less easy to find past students to talk to

3. FINDING A PLACEMENT



How will I decide where to go and how best to organise my elective?

Your elective is your best opportunity as a medical student to see the ways in which God is working in healthcare settings around the world, so take time to pray for wisdom and direction. Talk with students who've done their elective and with people from different countries. Consult your academic tutor or elective co-ordinator at your medical school, and see if there is a file of elective reports you can look through. Discuss it with your church leaders and make the most of CMF events and conferences to learn from doctors who have worked overseas.



Resources

- **Christian Medical Fellowship:**
www.cmf.org.uk/international/electives.asp
Database of Christian hospitals and missionary organisations as well as elective reviews
- **The Electives Network**, provided by the MDU:
www.themdu.com/for-students/your-elective/the-electives-network
A database of hospital contacts, elective opportunities and reports accessible to MDU members (student membership is free)
- **Responsible Electives:** www.responsibleelectives.org/index.aspx
A not-for-profit initiative organising 'fair trade electives' as well as useful free online learning modules
- **Electives for medical students, BMA 2009:** bit.ly/1dnbRiZ
- **UCL guide to global electives:** bit.ly/1eBJvzz
- **The Medic's Guide to Work and Electives Around the World.** Mark Wilson, Hodder Arnold, 2009.
This book is full of elective planning advice, including a huge database of contacts and details of the healthcare service in over 100 countries.

4. GETTING READY

FACT FINDING

Once you have decided where to go, it is a good idea to find out as much as you can about the country and its health profile. It will help you know what to expect and what medicine you may want to revise before going. It shows your host that you're interested and they won't have to explain all the basics. Try to fill out the details in the table overleaf, using some of the following resources as a starting point:

- **WHO:** www.who.int/countries/en
- **World Bank:** data.worldbank.org/topic/health
- **Operation World:** a prayer guide for every nation of the world containing information about people groups, religion and growth of the church - www.operationworld.org



CMF's Developing Health Course gives a good overview of global health and a chance to meet people with different experiences:
www.cmf.org.uk/international

write here

COUNTRY

NAME OF HOSPITAL AND REGION

TOTAL POPULATION

MAJOR RELIGIONS

IS THE CHURCH GROWING?

WHAT ARE THE MAIN CHALLENGES?

WHAT PERCENTAGE OF THE POPULATION ARE CHRISTIAN?

IS THERE A NATIONAL CHRISTIAN MEDICAL MOVEMENT? (SEE WWW.ICMDA.NET)

% LIVING ON LESS THAN \$1 A DAY

LIFE EXPECTANCY AT BIRTH (M/F)

LITERACY RATE

MATERNAL MORTALITY RATE

UNDER-FIVE MORTALITY RATE

% WITH ACCESS TO CLEAN DRINKING WATER

% OF BIRTHS ATTENDED BY SKILLED BIRTH ATTENDANT, CAESAREAN SECTION RATE

VACCINATION COVERAGE FOR MEASLES, DIPHTHERIA, TETANUS AND PERTUSSIS

FIVE MAJOR DISEASES

FIVE MAJOR CAUSES OF DEATH IN ADULTS

FIVE MAJOR CAUSES OF DEATH IN UNDER-FIVES

NUMBER OF DOCTORS/
HEAD OF POPULATION

NUMBER OF NURSES/
HEAD OF POPULATION

NUMBER OF MIDWIVES/
HEAD OF POPULATION

NUMBER AND TYPE OF HOSPITALS

PRACTICAL PREPARATIONS

Some of the advice in this section has been written for those going to LDCs in the tropics. If you are going to Tibet in winter, you will need protection from frostbite rather than mosquitos! The important thing is to find out well in advance what you'll need - ask your host and previous students.

1. Health and Safety

Immunisations

If you are visiting a country that requires you to have vaccinations, get them sorted early as some vaccines need to be given months in advance.

- Your GP should be able to tell you what you need and provide the majority of vaccinations, most of which are free. Alternatively visit a travel health clinic - but they will charge a fee.
- Some countries in Africa and South America require documentation to prove that you are covered for yellow fever.

Malaria

Malaria is a serious and sometimes fatal disease, so take all precautions if you are going to a malarial area.

- Check which drugs are appropriate for your destination. A few chemists supply prophylaxis without a prescription, otherwise see your GP. They are not available on the NHS so you will have to pay.
- Check when you need to start taking it (eg mefloquine should be started 3 weeks before departure - though is now less commonly used). Make sure to carry on taking your antimalarials when you get home for as long as advised.
- Check if your host will provide a bed net. It is a good idea to bring one with you if you plan to travel. If possible use a permethrin treated net.
- Use insect repellent spray containing DEET.
- Have a low threshold for getting a malaria test if you feel unwell whilst away or after returning. Consider taking a standby malaria treatment kit if you are planning any remote travel in a malarial area.



Resources

- **Fit for travel** gives information on immunisations and prophylaxis: www.fitfortravel.nhs.uk/home.aspx
- **WHO** provide detailed guidance on travel health: www.who.int/ith
- **InterHealth** specialises in the healthcare of those travelling worldwide: www.interhealthworldwide.org
They provide:
 - A customised list of immunisations, antimalarials and health equipment needed for your journey. They will also provide the immunisations and drugs at a reasonable cost
 - Information sheets on major health problems, including HIV/AIDS
 - Advice by phone, letter, e-mail or fax on health related problems at any time before, during or after your time abroad - there is a charge for this service
 - Face to face medicals and travel health consultations in London or Nairobi
 - Psychosocial support through their team of clinical psychologists
- **Healthlink 360** is a Scottish health charity which helps with the preparation for living, travelling and working around the world: www.healthlink360.org

HIV

Provided you take appropriate precautions, the risk of infection is very low.

- Assume all patients could be HIV positive and act accordingly.
- Ensure you wear gloves whenever there is potential contact with body fluids; consider taking a personal supply of surgical gloves with you so that you can double glove.
- Take every care to avoid needle stick injuries.
- Refuse blood transfusion unless in a dire emergency and you are as certain as you can be that the donor is HIV negative.

If you may be involved in surgery or obstetrics, you should take:

- A visor or spare pair of glasses to protect your eyes (see kit list, pages 34-35).
- A post-exposure prophylaxis kit (PEP) and *have it with you in the hospital*. PEP kits are usually available from your student Occupational Health Department as well as from InterHealth.

Using PEP for occupational exposure to HIV:

- Check the drugs are in date and that you know how to use them.
- If you have been potentially exposed to HIV infection (eg needle stick injury, body fluids on an open cut, eye splash) you should *start PEP within two hours of exposure* and continue for 28 days.
- Establish the HIV status of the source patient, if at all possible. If the patient is found to be negative, PEP can be stopped.
- Make sure you read the InterHealth guidelines before you go.
- Seek UK advice as to whether you should return home sooner rather than later.



InterHealth guidelines
on PEP: bit.ly/1akSOjh

4. GETTING READY

General advice on health and safety

- Drinking water - find out from your host what is safe. If in doubt only drink water that has been boiled/treated or from unopened commercial bottles.
- Food - only eat food that you have either seen freshly cooked or prepared yourself.
- Salads/fruit - only eat what you have seen washed (with safe water!) or have peeled yourself.
- Be careful with ice in drinks and ice cream.
- Drink plenty if it's hot. A hat and sun screen are essentials in tropical sunshine.
- Avoid swimming in lakes or rivers unless you know they are free of schistosomiasis and crocodiles!
- Find out from your host about any risks peculiar to the area, and how to deal with and avoid them eg snakes, leeches, tumbu fly, spiders or scorpions.
- Rabies can be a serious hazard. Don't handle strange animals. Wash any bites thoroughly with soap and water and see a doctor ASAP.
- Avoid travelling after dusk, as far as you can, and wear a seat belt if at all possible.
- Never resist violent theft.
- Keep abreast of the local and regional political scene in the media and be aware of the local laws and attitudes to alcohol.

Did you know that:

The commonest cause of morbidity and mortality among expatriates overseas is road traffic accidents.

BUT - don't be put off! These things are all part of the challenge. The local people have to cope with them all the time.

2. Passports and visas

- Make sure your passport is valid for at least six months beyond the end of your proposed trip.
- It's usually sufficient to get a tourist visa but check with your host. Check the website of the UK Embassy or High Commission of your host country for up-to-date information on what you will need and how to apply. In some places visas can be bought at the airport. A few countries require an HIV certificate for visa purposes - if you need one, go to www.better2know.co.uk.
- Some countries don't have an embassy in the UK and visa applications will need to be made to overseas consulates. Allow at least 2 months for the relevant documents to be processed and returned.
- It is useful to have the address and telephone number of the British Embassy or the British Consulate in the country to which you are going.

The Foreign and Commonwealth Office website contains a wealth of travel advice and up-to-date information on local politics and safety.
www.gov.uk/foreign-travel-advice

- It is worth scanning the important bits of your passport, including the visa, and emailing them to yourself.
- Always carry a photocopy of the front and back pages of your passport as well as some spare passport photos with you in case the original is lost or stolen (these can be useful for other documents too).
- Don't keep the photocopies and spare photos together with your passport!

3. Funding

Funding an elective can seem daunting, but there are lots of things you can do to raise what you need:

- Bursaries and grants can be obtained from charitable trusts or grant-making bodies. Some require you to do a project whilst you are away
- Competitions or prizes from societies/royal colleges etc
- Check with your Dean/medical school as some provide bursaries for particular projects
- Start saving money - put a little aside each month
- Sponsored run, cake sale etc
- Get a holiday job
- Your family or your church may be able to help, so let them what you plan to do
- You may be able to sub-let your flat or room while you are away to save money



A list of funding sources is on the CMF website: www.cmf.org.uk/international

Most funders will require a report of your trip when you get back. Be ready for this and take some pictures to include (always ask for permission before taking photographs).

4. Insurance

It is important to get travel insurance for your elective. Unless your elective will be purely observation, you should have indemnity cover as well. Your medical school may recommend you get insurance with a particular company. If not, possibilities are:

- MDU and MPS provide free indemnity cover as part of their student membership
- BMA and Wesleyan offer elective travel insurance, including cover of needle stick injuries and cancellation in event of exam resits



Insurance links:

- **MDU:** www.themdu.com/for-students
- **MPS:** www.medicalprotection.org/uk/students
- **BMA:** bit.ly/1m9XqCG (members only)
- **Wesleyan:** www.wesleyan.co.uk/professions/doctors/medicalstudents

It is worth taking out a free student policy with Wesleyan if your elective is in your final year, as they will provide income protection if you get sick or injured on your elective and cannot start work when you return:
bit.ly/1fpL2LA

KIT LIST

Essentials

- ☐ Passport and airline ticket
- ☐ Photocopies of your passport
- ☐ Insurance documents
- ☐ Immunisation certificates
- ☐ Dollar, Euro or Sterling cash for exchange (check with your host)
- ☐ Bible
- ☐ *Travelling Light* Bible notes
- ☐ Stethoscope
- ☐ *BNF, Oxford Handbook*, other medical books
- ☐ Malaria prophylaxis and bed net (if needed)
- ☐ Insect repellent (should contain DEET) and plenty of high factor sunscreen
- ☐ Sun hat for days outside and long sleeved shirt/light trousers for evening protection from mosquitos
- ☐ Personal medications and prescriptions
- ☐ First aid kit including plasters, cotton wool, scissors, tweezers, analgesics, antiseptic cream, diarrhoea treatment kit (loperamide, ciprofloxacin/azithromycin and oral rehydration salts), thermometer, sterile needles and syringes. It would be useful to have a supply of surgical gloves with you for emergency use, eg involvement in attending an RTA
- ☐ Wet wipes and hand sanitizer
- ☐ Spare glasses/contact lenses and prescription
- ☐ Toiletries (enough for your stay - you may not be able to buy much there)
- ☐ Travel adapter
- ☐ Head torch for use in power cuts



Check what kind of adapter you will need at kropla.com/electric2.htm

If you may be doing surgery or obstetrics, you should also take

- ☐ Eye protection for theatre (available from www.amazon.co.uk)
- ☐ Post-exposure prophylaxis (available from your Occupational Health Department or InterHealth)

Non-essential but useful extras

- ☐ An inexpensive, unlocked mobile phone and charger - local SIM cards are usually cheap
- ☐ If you take a laptop, consider taking a laptop security cable
- ☐ Camera (remember a spare SD card)
- ☐ Spare batteries
- ☐ Ophthalmoscope/pulse oximeter
- ☐ Driving licence if you intend to hire a vehicle at any stage
- ☐ Money belt
- ☐ Walking boots
- ☐ Sheet sleeping bag or empty duvet cover
- ☐ Books or eReader
- ☐ Travel guide (Bradt, Lonely planet, Rough guide)
- ☐ Berlitz Travel Health Pocket Guide (InterHealth authors)
- ☐ Gifts for people who host/feed/look after you.

Ask before you go if there's anything specific they would like (chocolate is often appreciated!)



Check the AA website to see if your country requires an International Driving Permit
bit.ly/1bL86ii

4. GETTING READY

Gifts for the hospital

Ask your host if you can bring any equipment or books for them. This can be a big help but always check what they need before taking anything out. Don't assume that just because you've been donated a box of tracheostomy tubes, the hospital needs them or can use them. BNFs are often useful.

If you are asked to bring out any drugs or equipment, ask for a formal letter of request that you can show at customs if necessary. Do not take expired or near to expiry drugs.



- **TALC** produce free and low-cost medical books:
www.talcuk.org
- **Medical Aid International** provides low-cost equipment
www.medaids.co.uk

5. PREPARING FOR THE CHALLENGE

ETHICS

Before leaving for your elective it is worth taking some time to consider some of the ethical issues that you may be faced with. Here are some scenarios to help you think them through. If possible, get together with some other students and work through them together - you should have some interesting discussions.

Other resources:

- **Medical electives ethics toolkit**, BMA 2009
bit.ly/1lnWywb
- **Short-term medical work - good practice guidelines**. CMF, 2013

1. Difficult decisions



What would you do if:

- you are asked to do something outside your competence?
- you are asked to do something that you consider bad practice?
- you witness a patient suffering due to lack of funding for a treatment that would be available in the UK?

A. Acting within your competence

You have been working in the maternity unit of a small rural hospital. The midwife in charge of labour ward calls you to see a woman in obstructed labour and asks you to do a caesarean section, because the doctor on duty is in theatre and she is concerned about the fetal heart rate. You have assisted at a number of caesareans while you have been there. What do you do?

5. PREPARING FOR THE CHALLENGE

Discuss the scenario and record your thoughts in the box before continuing:



write here



When facing this issue, ask yourself:

- Would I be allowed to do this procedure in the UK?
Why or why not?
- Am I competent to do it and deal with things that may go wrong?
- Is there a potential for me to cause more harm than good?
- If I decline to do it what will happen?
And how will I feel looking back?
- If I were the patient in that situation, would I be happy
for a medical student to carry out the procedure?

Thinking it through:

- National medical students in your host country may take more responsibility than students in the UK. Local staff may not realise that you would not be allowed to do certain procedures at home.
- The General Medical Council requires you to work within the limits of your competence at all times, including when on your elective.² The same applies to the Nursing and Midwifery Council.³
- It is tempting to think 'anything I do is better than nothing,' but that is not the case if you are not competent to do it - you may do more harm than good, which could be devastating both for the patient and for you.
- It feels terrible to see a patient suffer for lack of personnel, but remember it's not your fault that the hospital is short of doctors, and you are not the solution to that problem.

There may be other less dramatic scenarios in which you are asked to do things you would not do in UK, such as do a ward round on your own or carry out minor procedures. You will have to judge whether you can rise to the task. The nurses and other staff may have a lot of experience from which you can learn. If you make sure you know how to get supervision when you need it, you may be able to help and will learn a great deal. But remember, it is OK to say no.

If you are in a setting where there are likely to be emergencies, eg labour ward, it is important to think right at the start of your placement how you will respond, and discuss with your local supervisor what procedures you can and can't do.

2. Tomorrow's doctors. GMC, 2009. bit.ly/1huRe5e

3. www.nmc-uk.org/students

5. PREPARING FOR THE CHALLENGE

B. Acting with integrity

You have gone to a rural health post with a junior doctor from the hospital to do a TB follow-up clinic. The TB drugs have run out so he decides to give the patients penicillin rather than send them away empty-handed. You know this is bad practice, but there are lots of patients to be seen and he asks you to help. What do you do?

Discuss the scenario and record your thoughts in the box before continuing:



write here



Ask yourself:

- Is what I've been asked to do going to cause harm to patients?
- If I refuse to take part, how will it affect my relationship with the local staff?
- Should I discuss it with the doctor there and then?
If yes, how would I do this?
- Should I tell someone senior about the poor treatment being given?
- How would I justify my decision, either way, to a doctor in the UK?

Thinking it through:

- The General Medical Council and the Nursing and Midwifery Council state that students should act with honesty and integrity in all situations.
- At this clinic, you are a guest and the doctor is in charge. How should you balance relationships with the local staff with responsibility to patients?
- Many things are far from ideal in resource-poor settings, and you will not be able to put them right. The doctor is responsible for his own actions.
- You may see various things that you consider to be bad practice of one sort or another. Don't jump to conclusions and don't assume you know best. Ask your local supervisor about it with humility, honesty and respect.

Be quick to listen, slow to speak and slow to become angry.

James 1:19

C. Witnessing unmet need

You are working in the paediatric department and you have got to know a child with cyanotic congenital heart disease on the ward. Symptomatic treatment is all that is available but you know he would have a good chance of being cured in the UK. You email a surgeon at your church who says he would operate for free on this child, and you are confident that the church would raise the money to bring him to UK. What should you do?

5. PREPARING FOR THE CHALLENGE

Discuss the scenario and record your thoughts in the box before continuing:

write here



Ask yourself:

- Is spending lots of money on one child the best use of funds?
- Would the funds be raised for a less emotive cause?
- What would be the impact on the child and his family of coming to UK?
- What would be the impact on you of helping in this way?
- Is it ever right to give special care to one individual?
- Are there other ways of helping in this situation?

Thinking it through:

- There are thousands of children who don't get life-saving treatment that they would receive in the UK.
- The impact on this child's parents, siblings and community of coming to UK would be enormous, in both positive and negative ways.
- Just because something could possibly be done, doesn't necessarily mean it should be done.
- God works in different ways through different people at different times. There isn't necessarily one right answer. Talk to and learn from people with local knowledge and wisdom.

2. What am I there for?

Different students are looking for different things on their elective; some want hands-on experience, others want to help out, some are hoping for a holiday! It's important to think about how your approach will impact those around you, and to be realistic about what you can achieve as a student during a short stay.

A. An opportunity for experience

John is keen to get some hands-on experience in surgery on his elective. He has gone to a teaching hospital and is committed to coming in at all hours of the day and night to see and do things that he hasn't had the opportunity to do in the UK. Are there any potential problems with his approach?

Discuss the scenario and record your thoughts in the box before continuing:



write here

5. PREPARING FOR THE CHALLENGE



Ask yourself what impact, positive and negative, he might have on:

- local medical students?
- the surgeons and hospital staff?
- the patients?
- himself?

Thinking it through:

It's great to be keen to learn and committed to making the most of your time on elective. Many students get hands-on experience they would never have at home, but it is important to remember that being in a different country doesn't mean the patients deserve less respect than in the UK. You should never put your educational interests before the needs of the patient. So when opportunities arise, it's important to consider the questions in Section 1 (pages 37-38) about acting within your competence.

It's also important to think about the impact you will have on staff and students there. Elective students should not be given preference over local medical students when opportunities arise. Hospital staff often want to be kind to the visitor so watch out that local students don't lose out because of you, and that you do not create a great deal of extra work for the staff who are supervising you. Be aware that having a member of staff translating for you may be taking them away from other work they need to do.

Do nothing out of selfish ambition or vain conceit, but in humility consider others better than yourself. Look not only to your own interests, but also to the interests of others.

Philippians 2:3-4

B. An opportunity to help

Jane has been preparing for her elective at a mission hospital for the last 12 months. She has heard that the hospital is short-staffed, so she has read up on the medical conditions she is likely to see and hopes to give the missionary doctor a break. Having led a Bible study group at college she plans to start a group for student nurses which she hopes will continue after she has left. Are there any potential problems with her approach?

Discuss the scenario and record your thoughts in the box before continuing:



write here



Ask yourself what impact, positive and negative, she might have on:

- other medical students?
- the staff at the hospital?
- the patients?
- herself?

5. PREPARING FOR THE CHALLENGE

Thinking it through:

It's great to be well prepared for your elective and to be keen to help. But it's important to remember that you are a student and your elective is primarily a learning experience. Some students go on their elective hoping to save the world but in the short time you are there and with the limited experience you have, you are unlikely to make a big contribution. So go ready to learn and serve but don't be disappointed if you aren't able to do great things. It will probably be in the small things that you will make a contribution: helping clear up after the clinic, writing up drug charts, entering data on the computer and above all, making friends.

Whatever you do, work at it with all your heart, as working for the Lord, not for man.

Colossians 3:23

Don't expect to have a lasting spiritual impact, but be ready to talk about your faith when opportunities arise. Join in with what's going on and seek to learn from others as well as being an encouragement to them.

Always be prepared...to give a reason for the hope you have within you, but do this with gentleness and respect.

1 Peter 3:15

Encourage one another and build each other up.

1 Thessalonians 5:11

CULTURE

Learning from a different culture is often the most valuable part of an elective – even more so than the medicine. You may see things differently when you are away from home. It's an opportunity to look at the world from another perspective and a time to listen to God as he challenges your priorities and assumptions.

You will quickly notice different food, dress and language, but culture is much more than that – it's about the beliefs, values and traditions shared by people in a particular society. They are often unspoken but they shape our thinking and behaviour. We tend to think – often subconsciously – that the way we look at the world and the way we do things is the right way, so you may find yourself feeling frustrated or even shocked when people do things differently. It can make you feel quite lonely – a fish out of water. But it can also be stimulating and fun!

Every society has its own culture, but here are some features that are common to many people in LDCs:

Relationships are important

One of the most important differences between our western culture and many other cultures is that a much higher value is placed on relationships. We tend to value efficiency, punctuality and achieving a goal. In other cultures, relationships with others are more important than 'getting the job done'.

- The operating list may not start till everyone has greeted one another, asked about their families and had tea together
- Someone you had planned to meet may be very late because a visitor arrived at their house and it was important that they welcomed them and spent some time with them before coming to meet you
- Loyalty and respect may be more highly valued than truth
- When you ask a question, the answer may not be accurate because avoiding offence or disappointment is more important than giving correct information

5. PREPARING FOR THE CHALLENGE

- Hospitality is important; meals may take a long time! It's important to eat and appreciate what is offered

Community is important

In our culture we see ourselves as individuals and we value independence and privacy. In other cultures, personal identity and opinion is less important than the cohesion of the family and community.

- Decisions affecting patients may be made by distant family members or community and religious leaders
- Children and adolescents may not be listened to in the way that you are used to
- Challenging the way things are done may be seen as disrespectful
- Your possessions may be seen as things for everyone to use and share
- People may not understand if you want to have some time to yourself

Behaviour and dress are important

In our culture we are often casual about how we dress, speak and behave and we are relaxed about people doing things differently. In other cultures, doing things in the wrong way may be disrespectful and cause offence.

- Greeting people in the right way is important
- Students may be expected to dress smartly in the hospital
- Shorts, trousers and sleeveless tops may not be appropriate for girls, even when not at work
- Men and women may be treated very differently
- Public displays of affection between sexes may not be OK, though it may be normal for people of the same sex to hold hands walking down the street
- Drinking alcohol is often unacceptable for Christians

Experiencing another culture is a privilege and a challenge. It's important to do your best to fit in, but people are usually very forgiving when you get it wrong - as long as they can see you're trying!

Top tips:

- Find out from your host before you go what is acceptable dress and behaviour
- Listen, learn and enjoy the good things about the culture. Ask questions – people will usually enjoy telling you about their traditions
- Don't criticise when things don't seem right – there may be reasons you don't understand for the way things are done. You are not there to put them straight! Instead, ask questions with humility and respect
- Try to learn some of the language – greetings are especially important. People will appreciate your effort and enjoy teaching you. If you learn a few medical terms, you will be able to ask basic questions and examine patients without an interpreter, which is helpful for everyone
- Fitting in to another culture can be tiring. You may need to take a break from time to time to relax on your own, or with other expatriates

Pride only breeds quarrels,
but wisdom is found in those
who take advice.

Proverbs 13:10

**A useful book**

- Sarah Lanier. *Foreign to familiar: a guide to understanding hot and cold climate cultures*. McDougal Publishing Company, 2000. A brief, accessible introduction to understanding cultural differences.

5. PREPARING FOR THE CHALLENGE

DIFFICULT ISSUES

You may experience some tough things on your elective which challenge your faith, but this is how we grow as Christians.

Suffering and injustice

As a medical student you will be used to seeing sick people but the severity of disease, the unmet need and the number of deaths you may witness in a less developed country can be overwhelming. You may be shocked to see the limitations of treatment and the standard of care; it's distressing to see people suffering who could be treated if they lived in the UK. It's frustrating to see people living in poverty when we know there are enough resources in the world to go around. Suffering and injustice are often discussed in Christian books, but witnessing these things first hand can be hard and you may find yourself struggling with the questions 'Why does God allow this? Why is it so unfair?'

There are no easy answers but it may help to:

- Talk about it with someone there - don't bottle it up
- Read a bit about it before you go - see resources below
- Pray for the people and the situations that you see
- Find out about local organisations that are working to address poverty and injustice
- Think what part you could play in responding to the need, both now and in the future

5. PREPARING FOR THE CHALLENGE

Some Bible truths to hang onto are...

- Jesus entered fully into our world of suffering and injustice (Isaiah 53:3-5)
- Jesus knew what it was to grieve over suffering and loss (John 11:33-36)
- We know that God is loving because Jesus died for us (1 John 3:16)
- We know that God is just and will one day put things right (Revelation 21:1-5)

Loneliness and isolation

Being away from home in an unfamiliar environment can be tough. If you have gone on your elective alone, you may find you have more time on your own than you are used to. But you can turn this challenge into an opportunity to make friends and get involved in the hospital community. Find out what the staff do in their time off and join in if you can, and accept all offers of hospitality! Take along some photos of your family, home etc - these are a great conversation starter. Many people will be happy to practise their English and learn about Western culture. Even if you have gone with friends, try to spend time with local people. By resisting the temptation to stick in a 'bubble' of foreign students, you will open doors to new experiences and friendships.

Wealth and poverty

Being a rich person in a poor country brings certain challenges. You may be asked for money or other items by colleagues or local people. Be extremely careful about giving money, even if it is requested as a loan. Always seek advice from your host and other senior people. Giving gifts inappropriately can cause bad feeling among staff and loaning money can sometimes push a person into even more debt. It feels hard to say no, but you can explain that this is the advice you've been given by those in charge.

Be sensitive about using expensive equipment such as smartphones and cameras when those around you don't have such things. Always ask for permission before you take photos and don't promise to give someone a photo unless you plan to do it. You may be able to print one locally.

Keeping spiritually fit

Electives are often a time of spiritual growth but there are challenges too: you will be away from your home church and Christian friends; local church may be in a different language and it may be difficult to get involved for the short time you are there. Whereas some mission hospitals are vibrant Christian communities, others are not and you may struggle to find much fellowship.

How will you stay close to God while you are there?

- Set aside time every day to read your Bible and pray. If you have slipped out of – or never got into – this habit in the UK, being away on your elective is a great time to start again. It will help you keep God as your focus and strength. *Travelling Light* is a small book of daily Bible notes designed especially for electives – make sure you get a copy before you go. Order from www.cmf.org.uk
- Ask friends from church to pray for you. Keeping in touch while you are away will remind them!
- Take some Christian books with you and consider downloading some sermons before you go, especially if church is going to be in a language that you don't understand
- Go to church if you can, as well as any prayer meetings or chapel services in the hospital. They may be very different to what you are used to but it's good to be with other Christians and it will encourage them if you go



Resources on suffering

Books

- Andrew Drain. *Code Red: A young Christian surgeon finds Job helps him face death*. CMF, 2010
Written by a young surgeon who died of cancer, exploring the issue of suffering through his own story and reflections from the book of Job.
- Sharon Dirksen. *Why? Looking at God, evil and personal suffering*. IVP, 2013.
Addressing the 'why?' that is asked about God and suffering.
- CS Lewis. *The problem of pain*. HarperCollins, 2002.
Exploring the problem of pain in the light of a good and all-powerful God.
- Timothy Keller. *Walking with God through pain and suffering*. Hodder & Stoughton, 2013.
Looking at our response to pain and suffering in our lives and the world around us.
- Don Carson. *How Long O Lord? Reflections on evil and suffering*. IVP, 2006.
Exploring key biblical themes related to human suffering and evil.

Articles

- Giles Cattermole. Is God helpless or heartless? *Nucleus* 2012; 43(1):14-18 [cmf.li/110iXYr](#)
- Pete Moore. Human Suffering: biblical perspectives. *CMF File* 32, 2006 [cmf.li/L7k3da](#)

THE OTHER SIDE OF THE STORY

There are of course two sides to an elective; what it's like for the student, but also what it's like for the host. Most people enjoy having students spend time at their hospital, but it is extra work as they need supervision, teaching, transport, hospitality and looking after if they get sick. Doctors and nurses are usually busy people, juggling responsibilities to their patients, staff and families, and making sure you have a good time is not their top priority. So do everything you can to be a blessing and not a burden.

The ideal elective student:

- Has learnt a bit about the country and the medicine before they come
- Has initiative in finding their way around without having to be shown everything
- Makes friends with local staff rather than relying on expatriates all the time
- Learns some language and doesn't expect a translator for everything
- Is ready to learn and not to criticise
- Is happy to help with large, small and sometimes non-medical jobs
- Doesn't just stay for the exciting bits and then disappear
- Respects and adheres to cultural norms of dress and behaviour

5. PREPARING FOR THE CHALLENGE

Here are some comments from doctors who host elective students

The best elective students are self-starters, get stuck in, and are interested in more than just the medicine. The worst one we had was someone who told us after one week that the worship at our Bible study was old and boring and decided to teach us how to do it properly.

We enjoy having students who challenge us and stimulate us and who bring chocolate. We don't enjoy having students who sit in the guest house and need to be drawn out of themselves.

The best elective students let the experience change them and grow.

We enjoy having students who join in with team activities, play games, and are willing to laugh! Students who come with an open heart to learn, open ears to listen, and willing spirits to serve are wonderful.

When you're on your elective, never forget to ask for and listen to advice from long-termers re travel/security/culture. Understand that there is often a reason why we do things the way we do and you can't expect to understand everything in the few weeks you are here - please trust us! Don't forget to read the orientation material and follow it.

One student came to the first ward round dressed in shorts and sandals. That's discourteous within the hospital.

The ones we find difficult are the ones who think they know everything and tell us what we should be doing.

The students who get the most out of their electives are the ones who take part in the whole work of the hospital, rather than 'call me if there's something interesting'. Even in Madagascar, there are still drug charts to rewrite and cannulas to do, and students with a servant heart who cheerfully help with the 'boring things' earn a lot of respect.

When you're on your elective never forget to listen more than you talk... to take the opportunities to get to know people from around the world.... and to remember that missionaries are just people with lots of funny quirks who also make mistakes.

We like elective students who join the local students and enjoy their company, rather than mixing only with others from abroad. Some have made lasting friends among local students - forming links that can last for years.

We like students who are flexible, adaptable and prepared to live with any necessary restrictions. We don't enjoy having students who don't respect cultural norms and moan about the non-availability of luxury items such as chocolate!

We like students who offer to bring necessary items out for us, and who seek to be an encouragement to (often tired!) long-termers.

The best students are the ones who get to know our junior doctors and try to get involved with church despite language issues with the latter.

5. PREPARING FOR THE CHALLENGE

EXCITEMENT

after all the planning,
you've arrived

EXHAUSTION

jet lag, culture shock
and new food

Feeling a bit
LOST

WHAT CAN I
EXPECT WHEN
I GET THERE?

HARD WORK

lots to learn

Things not going
according to

PLAN

A different

**SPIRITUAL
CLIMATE**

For medicine to be
practised very

DIFFERENTLY

Having

**LIMITED
INTERNET**
access

Meeting lots of

PEOPLE,
forgetting lots
of names

To be the centre of

ATTENTION

and treated differently
than at home

LEARN MORE

medicine in a day than you
learnt in a week at home

6.SETTING OFF

Time to reflect

Have a think through the following questions before you leave.

What are my five main aims for my elective?

What would I be disappointed to have not done or seen?

What other activities do I hope to see or get involved in?

How will I be a blessing and not a burden to my hosts?

What am I most looking forward to?

What am I most concerned about?

6. SETTING OFF

Half way through your elective, use the following questions to reflect on your experience so far and think about your remaining time.

At the halfway point

Looking back

What have been the highlights of my elective so far?

What hasn't gone so well?

Am I achieving the aims I set out before I left?

What has God taught me?

Are there any questions I need to think through?

What medicine have I learnt?

What have I learnt about the local culture?

What have I learnt about the church and other religions?


Looking forward

What am I hoping to achieve during the rest of my time here?

Is there anything I am not looking forward to in my remaining time?
If so how I am going to cope with that?

7. COMING HOME

Surprisingly, coming home can be more difficult than setting off. Even though you have been away for a relatively short time, you may find that you feel out of place when you get back. Your attitudes may have changed. Returning to a rich country after witnessing poverty and suffering may make you feel angry, guilty or frustrated and it may seem that no one else understands. This is all part of 'reverse culture shock' and it's a normal reaction.



Catriona Waitt. Returning home. *Triple Helix*, winter 2011:14-15 cmf.li/1j2vNsH

You may find that people are not as interested as you expected to hear about your time away, which feels frustrating if you have had a life-changing experience. Alternatively you may be disappointed that your elective wasn't all that you hoped for, and it's hard talking to your friends who seem to have had a better time than you.

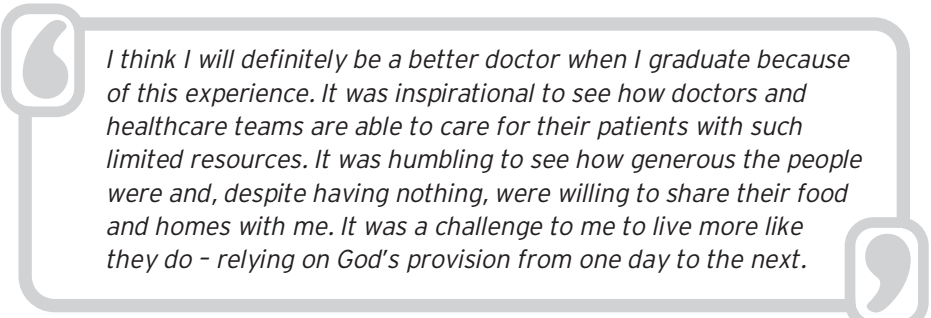
Top tips:

- Thank your hosts and those who have helped/funded you. Write any reports that are expected; one for the CMF website would be particularly appreciated!
- Make sure you keep any promises you have made - sending photos, writing letters, praying for people
- Find someone with whom you can talk through your time away; a friend, someone from church, or someone with experience overseas. If you have gone out with a mission agency, they may have a debriefing session. If not, CMF can find someone to help
- Continue to pray for the new friends, hospital and country you have left behind
- Consider ways you might continue to support the place where you were, such as giving, fundraising or joining a missionary prayer group. You may be able to raise awareness of their work by sharing your experiences or writing an article

7. COMING HOME

- Think about how what you have seen will affect your life now and your future. If you have made resolutions, make plans to keep them. Write down the things God has taught you. If you are thinking about working overseas in the future, talk to someone with experience.

Most of all ensure you take some time to reflect; there's a lot to learn from the bad experiences as well as the good ones.



I think I will definitely be a better doctor when I graduate because of this experience. It was inspirational to see how doctors and healthcare teams are able to care for their patients with such limited resources. It was humbling to see how generous the people were and, despite having nothing, were willing to share their food and homes with me. It was a challenge to me to live more like they do - relying on God's provision from one day to the next.

FINAL REFLECTIONS

You're back from your elective and we hope that you've had an enjoyable and eye-opening experience. It's tempting to busy yourself with unpacking, meeting up with friends and family and starting to write reports and presentations, but try and make time to reflect on your experience.

Final reflections

What were the highlights of my elective?

What things didn't go well?

Did I achieve the aims or objectives I set out before I left?
If not, what were the reasons for this?

What extra opportunities did I have?

What was the most challenging situation I encountered?
How did I deal with it?

What have I learnt about medicine, culture and poverty?

Final reflections

What has God taught me?

What have I learnt about myself?

Has my elective changed my views on medical mission and global health? If so, how?

How will my experience affect my daily life now that I'm back?

In what ways has my elective influenced my future plans/career choices?

How will I go about sharing my experiences with my family, friends and church?

How would I advise other students considering going overseas for their elective?



THE ELECTIVES HANDBOOK

Your essential guide to planning and preparing

A student elective is a great opportunity to do something different and learn new things. It's a chance to see life and medicine in another setting and to look at the world from a different perspective. For some students, it's an experience that changes the way they live and shapes their future.

Deciding what to do, where to go and how to get there can seem a daunting task. This handbook for medical and other healthcare students has been written to help you think through the options and issues. It gives information and advice to guide you through the process, from finding a placement, to setting off and finally coming home.

