

Policy Statement on Ethical Electives

Passed Spring General Assembly 2017

Note: This statement was passed before the organisation's name change from Medsin-UK to Students for Global Health. The statement will still remain active for three years.

Ethical Electives

Summary

Medsin-UK believes that medical placements abroad offer an opening in medical curricula for contextual Global Health education, the promotion of cultural understanding and opportunities to develop international relationships amongst medical students.

Medsin-UK acknowledges that many students choose Low and Middle-Income Countries (LMICs) as their elective or exchange destination. Whilst these experiences benefit the visiting students, it is possible hosting communities, where staff and resources are limited, can be negatively affected. Medsin-UK believes it is inequitable and therefore unacceptable for students to benefit at the expense of others. Those receiving students in LMICs should be actively consulted about the value of the contributions that visiting medical students offer.

Medsin-UK aims to address the inequity associated with this period of medical education and ensure these placements are not harmful to any involved parties. Medsin-UK therefore calls for an international debate about the structure of medical placements abroad, the guidelines these placements should adhere to and the standard of pre-departure training. Medsin-UK promotes bilateral exchange partnerships, as ran by the IFMSA.

Background

The General Medical Council (GMC) defines an elective as 'a period of clinical experience that is chosen by the student and is often taken outside the United Kingdom (UK)¹. The purpose of an elective is to allow medical students to organise and direct a placement tailored towards their own interests and educational needs beyond the core medical curriculum. In the UK, medical schools tend to timetable a period of 4 to 8 weeks for an elective during the final two years of study, however some students elect to carry out additional placements outside of term time or as part of student-selected modules.

As the GMC definition of an elective suggests, many medical students take the opportunity to experience medicine abroad as an undergraduate. The literature suggests a number of benefits for students of undertaking a placement abroad: furthered clinical knowledge and skills, increased cross-cultural competency, professional development through the opportunity to explore future career options, personal development through increased confidence and independence, a greater appreciation of public health and awareness of resource use, a widened global perspective and heightened cultural awareness²⁻⁵. Global health is a neglected area in undergraduate medical education, and electives have the potential in providing experiential global health education to bridge this gap⁶.

Despite these suggested positive benefits for students, periods of elective study have not undergone the rigorous analysis of learning processes and outcomes, which are mandatory for other parts of the medical curriculum⁷. Furthermore, there have been

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calls for further research into the impact of electives on students and hosts using clearly defined outcome measures^{2,3}.

Many students choose to complete electives within Low and Middle-Income Countries (LMICs). Exact numbers of how many students travel to LMICs annually are not known. A 2005 estimate suggested as many as 40% of UK medical students do so⁷, reflecting *'350 years of moderately competent medically professional time annually distributed across a range of developing countries'*². Nigel Crisp acknowledged in a 2007 report that many UK healthcare trainees wish to spend part of their training in LMICs. Crisp asserted from the outset that these countries' needs should be identified and expressed by those involved locally and that,

*'medical, nursing and healthcare schools should work with others to ensure work experience and training placements in developing countries are beneficial to the receiving country'*⁸.

Ten years on from Nigel Crisp's report, there is still a relative paucity of literature on the effects of visiting medical students on hosts, patients and their communities in LMICs, especially written directly from the perspective of those receiving students⁹. What literature does exist suggests several positive consequences of hosting visiting students in LMICs, including professional development and education for local staff and students, provision of care for patients, resources and increased institutional reputation^{2,10-14}. Conversely, several negative consequences have also suggested, including concerns that visiting students drain limited resources, pose as an opportunity cost distracting from clinical care and the teaching of local students, and could even harm patients through a lack of understanding of local culture and language, inexperience and poor supervision and carrying out tasks beyond their competen^{10-12, 15-18}.

Given this potential imbalance of benefits and harms, a well researched and evidence based framework for ethical medical placements abroad is urgently needed¹⁹.

Several approaches to improving electives to benefit hosts in LMICs have been proposed, focusing bettering pre-departure preparation, developing institutional partnerships and conducting bilateral exchanges of students²⁰.

Pre-departure preparation

The preparation provided to students by medical schools prior to embarking on international placements varies in requirement, content and length of time, despite the documented benefits of preparation⁷. There is currently no specific consensus or official guidance on the required content of pre-departure training, although suggestions on what to cover include cultural and ethical issues, the clinical aspects of locally prevalent conditions, language and communication skills, health and safety as well as a broad overview of Global Health^{2, 11,12, 16, 21, 22}.

Ethical complexities beyond those commonly taught about at medical school can arise in the context of Global Health²³. A lack of advice to cope with realistic ethical dilemmas facing students on placements abroad, cannot be adequately dealt with without the

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right knowledge, attitudes and skill-set. Medsin-UK are therefore particularly keen to promote an understanding of Global Health ethics as an integral part of pre-departure preparation.

Partnerships and Exchanges

Despite the popularity of medical placements abroad, their unstructured nature means valuable bilateral educational opportunities are missed. The ability for an individual student to bring sustainable benefits for their hosts through intermittent, short term placements has been questioned²⁴. Establishing formal partnerships between medical schools and institutions such as medical schools, hospitals and clinics in LMICs, could be a solution in developing reciprocal benefits of electives¹¹. Substantially lengthy institutional partnerships that focus on education and mutual contribution, can help minimise risk and develop the benefits for all involved¹⁹. Partnerships can facilitate a sustainable flow of human resources, pre-departure preparation, the exchange of resources and expertise and boost institutional recognition.

Some have argued that medical schools own a moral obligation to reciprocate opportunities given to their students¹⁶. Elective hosts in LMICs have expressed a desire to see bi-directional placements take place, whereby local students are given the opportunity to complete a placement in the visiting students' country¹¹. Several such exchanges exist, or have previously existed, at medical schools in the UK but have been limited by financial or visa constraints²⁰.

The International Federation of Medical Students' Associations (IFMSA) is one method through which students can undertake research or clinical placements in an ethical manner. The program promotes bilateral and unilateral placements. The number of incoming unilateral units cannot exceed 40% of the total incoming units of the exchanges that a country has for the exchange season, which reduces the risk of inequalities occurring from countries having unilateral exchanges. It is required that accommodation and one meal per day, free of charge on a bilateral basis, are provided to reduce inequities in living costs between countries during bilateral exchanges.

Recommendations

Therefore, Medsin-UK believes that:

- The International Federation of Medical Students' Associations (IFMSA), of which Medsin is a national member organisation, facilitates students to undertake research or clinical placements abroad in an ethical manner.
- Complacency with current medical elective models could limit important steps towards achieving health equity for all members of society.
- Global health and medical education stakeholders need to engage in discussion and debate on the role of undergraduate medical placements abroad and the extent to which they are beneficial for both the students and hosts involved.
- All medical schools should adopt a framework for overseas medical placements that minimises risk and maximises benefit for both the student and the hosting community, promoting more ethical forms of placements²¹.
- Medical students participating in placements abroad must adhere to the same

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medical ethical standards that are enshrined in the International Code of Ethics of the World Medical Association (WMA)²⁵ and the WMA Medical Ethics Manual²⁶.

- All medical students should receive pre-departure training from their organising institution before travelling to a LMIC for a medical placement. This should cover Global health ethics, as well as the socio-cultural skills needed to work in an unfamiliar environment.
- Universities should work to offer IFMSA bilateral exchanges to their students as a form of medical placement abroad.
- Medsin-UK supports the development of responsible placement schemes for people from all disciplines.

Medsin-UK calls upon all medical schools and health service providers, as relevant, to:

- Provide compulsory pre-departure training for students going on placements abroad that cover issues of personal and travel safety, cultural awareness, language and communication competencies, and ethical considerations.
- Ensure that their students are aware of their responsibility to adhere to international ethical standards when on placement.
- Consider limiting the practice of medical students spending brief periods in many different placements abroad to ensure more considered selected attachments for which they can receive the suitable pre-departure training in advance.
- Develop links to those hosting students abroad, and ensure that these links are maintained and continued beyond the period of the student's visit, where possible forming institutional partnerships and bilateral exchanges.
- Advocate for opportunities to be extended to all students currently prohibited by financial and immigration constraints.

Medsin-UK therefore commits to:

- Advocate for more rigorous pre-departure training at medical schools, whilst offering branch level and national training and events on preparing for electives.
- Develop a research project to identify the causes of unethical situations arising during electives, and the impact of pre-departure training on this.
- Promote the model of IFMSA research and professional exchanges to UK universities as an alternative to unilateral medical placements abroad.
- Work with the IFMSA Standing Committees on Medical Education (SCOME), Professional Exchange (SCOPE) and Research Exchange (SCORE) to improve the equity and quality of exchanges.
- Develop a follow-up template for exchange students in order to increase the accountability and academic rigour of the exchange program by providing evidence of its impact on students' medical education, as well as prompting personal reflection.
- Ensure that evaluation data from exchanges and research projects is transparent and available, and shared with external contacts, such as the Medical School's Council, as appropriate.

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References

1. General Medical Council. *Tomorrow's Doctors, Outcomes and Standards for Undergraduate Medical Education*. Manchester: General Medical Council, 2009. Pg.94
2. Dowell, J. and Merrylees, N. Electives: isn't it time for a change? *Medical education*. 2009, 43, pp.121-126.
3. Jeffrey, J., Dumont, R., Kim, G. and Kuo, T. Effects of International Health Electives on Medical Student Learning and Career Choice: Results of a Systematic Literature Review. *Family Medicine*. 2011, 45(1), pp.21-28.
4. Mutchnik, I.S., Moyer, C. A. and Stern, D.T. Expanding the Boundaries of Medical Education: Evidence for Cross-Cultural Exchanges. *Academic Medicine*. 2003, 78(10), pp.S1-S5.
5. Thompson, M.J., Huntington, M.K., Hunt, D., Pinsky, L.E. and Brodie, J.J. Educational Effects of International Health Electives on U.S. and Canadian Medical Students and Residents: A Literature Review. *Academic Medicine*. 2003, 78(3), pp.342-347.
6. Hastings, A., Dowell, J., and Eliaz, M. K. Medical student electives and learning outcomes for global health: A commentary on behalf of the UK Medical Schools Elective Council. *Medical Teacher*. 2014, 36(4), pp. 355-357.
7. Miranda, J.J., Yudkin, J.S. and Wilcott, C. International Health Electives: Four years of experience. *Travel Medicine and Infectious Disease*. 2005, 3, pp.133-141.
8. Crisp, N. *Global Health Partnerships. The UK contribution to health in developing countries.*, 2007, pp12.
9. Fishwick, S. Medical Student Electives: What are the consequences for those hosting medical students undertaking electives in Low and Middle Income Countries? *Unpublished*, 2016.
10. Miranda, J.J. and Finer, S. Rethinking your elective. *Student BMJ*. 2005, 13, pp.74-75
11. Bozinoff, N., Dorman, K.P., Kerr, D, Roebbelen, E., Rogers, E., Hunter, A., O'Shea, T. and Kraeker, C. Toward reciprocity: host supervisor perspectives on international medical electives. *Medical Education*. 2014, 48(4), pp.397-404.
12. Kumwenda, B, Dowell, J., Daniels, K.and Merrylees, N. Medical electives in sub-Saharan Africa: a host perspective. *Medical education*. 2015, 49, pp.623-633.
13. Dowell, J., Blacklock, C., Liao, C. and Merrylees, N. Boost or Burden? Issues posed by short placements in resource-poor settings. *British Journal of General Practice*. 2014, pp.272-273
14. Chawla, R. Students teaching IT skills bridge digital divide. *Student BMJ*. 2004, 12(442).
15. Kraeker, C. and Chandler, C. "We Learn From Them, They Learn From Us": Global Health Experiences and Host Perceptions of Visiting Health Care Professionals. *Academic Medicine*. 2013, 88(4), pp.483-487.
16. Lumb, A. and Murdoch-Eaton, D. Electives in undergraduate medical education: AMEE Guide No. 88. *Medical Teacher*. 2014, 36, pp.557-572.
17. Niemantsverdriet, S., Majoor, J.D., van der Vleuten, C. P. M., and Scherpbier, A. J. J. A. 'I found myself to be a down to earth Dutch girl': a qualitative study into learning outcomes from international traineeships. *Medical Education*. 2004, 38, pp.749-757.

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18. Edwards, R., Piachaud, J., Rowson, M. and Miranda, J. Understanding global health issues: are international medical electives the answer? *Medical education*. 2004, 38, pp.688-690.
19. Hamadani, F., Saciragic, L., McCarthy, A. Ethics in Global Health: The Need for Evidence-Based Curricula. *McGill Journal of Medicine*. 2009. 12(2): 120-125.
20. Fishwick, S. Medical Student Electives: What are the consequences for those hosting medical students undertaking electives in Low and Middle Income Countries? *Unpublished*, 2016.
21. Crump, J., Sugarman, J. and the Working Group on Ethics Guidelines for Global Health for Global Health Training. Global Health Training Ethics and Best Practice Guidelines for Training Experiences in Global Health. *American Journal of Tropical Medicine and Hygiene*. 2010, 83(6), pp.1178-1182.
22. Hanson, L., Harms, S. and Plamondon, K. Undergraduate International Medical Electives: Some Ethical and Pedagogical Considerations. *Journal of Studies in International Education*. 2011, 15(2), pp.171-185.
23. Pinto, A. D. and Upshur, R. E. G. Global Ethics for . *Developing World Bioethics*. 2009, 9(1), pp.1-10.
24. Hays, R., Gupta, T.S. and Worthington, R. The Role of Clinical Electives. *The Clinical Teacher*. 2013, 10, pp.199-201.
25. The World Medical Association. *WMA International Code of Medical Ethics*. [Online]. 2006. [Accessed 5 April 2017]. Available fro: <https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/>
26. The World Medical Association. *Medical Ethics Manual*, 3rd ed. The World Medical Association, 2015.