
OVERSEAS MEDICAL ELECTIVES: GOOD FOR STUDENTS? GOOD FOR HOST CENTRES?

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Introduction

This essay will be looking at the impact of overseas medical electives on both the students who go on them, and the centres who host them. The term “Host centres” will be used to describe both host hospitals, and host communities, as medical electives have an impact on both, due to the close link many hospitals have with the communities they are in. Electives are a component of a medical degree during which the student spends their time in a healthcare system they are interested in. Some students choose to stay in the UK for this, but 80-90%^(1,2) travel overseas. More than half of these students going abroad choose to go to developing countries¹ and it is these electives that have the most potential for, and evidence of, ethical issues arising as a result of them. Therefore, from here on, it is electives to developing countries which are being discussed unless otherwise specified.

Good for students?

Much of the research surrounding electives focuses on their impact on students, and it overwhelmingly suggests that electives are a positive experience for students who take part in them. Electives can provide students with a multitude of opportunities for students to develop practical skills, knowledge of tropical diseases and cultural competence⁽³⁻⁷⁾. Due to a variety of reasons including incorrect beliefs about medical students’ competencies and capabilities⁽⁸⁾ and using students to fill staff deficits, medical students are often given more responsibility on electives than they have been during their training in the UK. This increased allows more scope for students to practice skills they have only done a limited number of times, which inevitably leads to a steep learning curve. Therefore, when students return to the UK, either to start their foundation year jobs, or to complete medical school, they are more competent⁽⁴⁻⁶⁾.

Students undertaking electives overseas are usually in climates, environments and cultures very different to those they have trained in. This means they see many conditions and practices, as well as ways of living, to those they are used to in the UK. One of the benefits of this is that student’s knowledge of tropical and rare diseases increases significantly. Diseases such as malaria and cholera are rarely seen in the UK⁽⁹⁻¹²⁾ but are common in some parts of the world and can be extremely serious. Having practical experience of such tropical diseases will mean that if a student does see patients with symptoms suggestive of one of these diseases, they will be able to recognize and treat it sooner⁽⁷⁾. The potential benefit for students who end up working abroad further in their career is even more

obvious in this regard, because, depending on the country they work in, they may see diseases like malaria quite frequently. As well as clinical knowledge, it has been found that cultural competence improves with students participating in electives overseas. The UK is an increasingly multicultural society, meaning that even those students for whom their elective will be their only experience of working abroad, will need to be good at interacting and effectively treating patients from many different cultures.

Reviewing these benefits, it could be argued that they are advantageous to a student's future patients more than the student themselves, and this is important to remember when comparing the overall benefit of electives

Good for host centres?

There is a paucity of literature surrounding how medical students affect host centres, however, much of the literature demonstrates that the effects on host centres are often negative. One of the most significant "areas of concern" identified by White and Cauley⁽¹³⁾, amongst others, is that of the risk to patients. As mentioned in the previous section, one benefit to students is the steep learning curve of practical skills. Sometimes this comes because of a student practicing a skill they are already competent at in order to have more experience. However, the attitude of "practicing on the poor"⁽⁸⁾, whilst not commonplace, is not unheard of either. For most who find themselves in this position, it is because of perceived necessity: students may be one of the only people working at the host hospital with much medical training in areas with significant staff shortages, so they undertake tasks they are not competent to do because they believe that doing so is better than no one doing it⁽¹⁴⁻¹⁶⁾. As mentioned earlier, staff often have misperceptions about the capabilities of students, and this can lead to the staff unintentionally building students confidence, which compounds the issue of students doing more than they are capable of^(8,14). There are also a, fortunately small, number of students who intentionally exploit the freedom they have, one example described by Cohen et al.⁽¹⁶⁾ talks of a student performing a lumbar puncture because he "fancied having a go"⁽¹⁶⁾ pg. 204. This kind of behaviour is obviously unacceptable, and should bring into question the student's professionalism, however due to lack of accountability for many students on elective, such incidents are less likely to be reported.

It has been discussed that electives provide good opportunities for developing cultural competence, that is, the ability of one to work effectively with people from cultures different to one's own. However, it must be recognised that there are many situations,

students display a lack of cultural sensitivity whilst they are on their elective, sometimes not developing in cultural competence, and other times only doing so at the expense of those they have been insensitive to. This extends beyond just offending people, it can have significant negative consequences, as people are put off seeking health advice, are not comfortable sharing details of symptoms that could prove important to diagnosis, and lose trust in their local medical services⁽¹⁷⁾. Additionally, students may suggest ideas which are irrelevant, inappropriate, or impractical, because their knowledge is centred around diagnosing and treating in the UK, and available treatment and diagnostic tests may be very different in the host centre.

The impacts on host centres are not entirely negative. Several articles have explored the impact of an elective on a student's future career⁽¹⁸⁻²⁰⁾. These have repeatedly shown that students who participate in electives in either developing countries^(19,20), or underserved populations in a student's own country⁽¹⁸⁾ increase their likelihood of working with such populations, or doing other sorts of humanitarian work in the future. In this respect, the benefits of electives are manifold: students are more likely to work in developing countries, and they are also more culturally competent and knowledgeable, and therefore more likely to work responsibly in these jobs.

Ideas for improvement

The title of this essay hints at the dichotomy between the effects on host centres and the effects on students participating in electives which has started to become apparent throughout this essay. The contrast exists in that the positives experienced by students quite often have a negative consequence for host centres, and this is one of the key issues with overseas electives which must be addressed.

One way of doing this is by using predeparture training [PDT]. Not only has this been shown to increase the benefits seen by medical students, it also plays a significant part in reducing the negative effects experienced by host centres. Many students are unaware of the impact they are having on the host centre^(21,22). By teaching students to be more aware of cultural difference, and having discussions about the ethics of their behaviour when abroad, as well as other factors of PDT, students are more aware of the impact they are having, and are more conscientious when making decisions⁽¹⁴⁾. The problem with current PDT is that there is no consistency between medical schools. Some medical schools offer lots of PDT, others minimal. Students arranging electives through external companies may also receive PDT with these companies. To improve the overall effect of electives, for both

students and hosts, PDT needs to become more standardized amongst different institutions and organisations.

The creation of partnerships between medical schools in the UK and host centres is another way to reduce the negative impacts on host centres. This has many benefits, it increases accountability, counters issues of staff being unaware of UK students competency, increases awareness of any negative impact the electives might still be having and also allow the potential for reciprocity^(14,17,23,24). There are, inevitably, some problems with these, but overall, they appear to be a very good solution to many of the problems with electives.

Conclusion

It is very difficult to make a conclusion about whether electives are overall good or bad, doing so would involve considering further issues that this essay hasn't had the space to do, including more considerations on long term effects on future patients of students who have been on electives. It would also be necessary to discuss whether one can ethically justify negative consequences to some if they are outweighed by positive consequences to others. However, what is apparent is that whether electives are good overall, improvements need to be made, and some of these, such as improving PDT and creating partnerships.

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