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Recommendations for Undergraduate Medical Electives

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A medical elective is an amazing opportunity for all medical students, adequate time should be given for preparation to ensure your elective is enjoyable, educational and safe. The Medical Education Journal published a useful article titled 'Recommendations for undergraduate medical electives: a UK consensus statement'. It details important considerations for all medical students embarking on a medical elective. We have listed the recommendations consolidated by the 30 participating UK medical schools. We strongly advise reading the full article and we encourage medical students to contact responsible individuals within their medical school to receive clarification on these recommendations.

(A) Before the elective: preparation

1. Medical schools should provide written guidance on their elective programme (via a handbook or online resources) to all relevant years of the medical course and all associated staff, and provide opportunities for the student body to learn early in the course about elective requirements and expectations. We recommend students be introduced to the elective programme at least 18 months before departure.

2. The handbook or online resources should contain:

- outcomes for student electives;
- how outcomes relate to school, college and GMC outcomes;
- transparent assessment criteria (presented as an assessment summary statement);
- clear direction relating to elective programme requirements and milestones;
- clear information about supervision (including where the student, as opposed to staff member, is responsible);
- confirmation that insurance requirements must be checked by the student and complied with;
- instructions for students on how to report attendance at their elective;
- health, safety, illness and risk assessment information (personal, environmental and clinical, including vaccines);
- reference to other risks (sexual assault, drugs, etc.);
- information on how to raise a concern about a placement, staff member or peer;
- key contact numbers; and
- confirmation of the consequences of failing to reach any required standards (e.g. meeting outcomes and passing assessments).

3. A briefing document for supervisors should be available before they agree to be involved, providing an overview, as well as their responsibilities to the student and programme, and expectations of what input and time commitment is required from them.

4. A briefing for students is recommended, where possible with input from students who have undertaken placements in the previous year(s). Students should be encouraged to research the language, health care system and culture of prospective hosts. Issues relating to communication (e.g. patient, team and peer) while on placement, including raising concerns, should be highlighted.

5. Students should be advised to consider ethical issues in their elective plan (e.g. the extent to which their presence is a resource burden or asset to their hosts). They should be offered the opportunity to reflect on their own competency level (e.g. with their supervisor or in groups), and should be advised to be aware of the limits of their knowledge as well as their responsibility to be aware of, and have respect for, the host's culture. Ethical considerations are outlined in the International Code of Ethics of the World Medical Association (WMA)36and the BMA Toolkit33 and these may also be used as a helpful resource.

6. Medical schools should plan sufficient time for electives in curriculum timetabling. A minimum of 4 weeks provides opportunity for a meaningful learning experience, sufficient time to become accustomed to local practice and integrate into a new team, and scope to achieve a student project aim. For electives outside of the UK students should factor in travel and acclimatisation time, to ensure that the full elective period is spent actively working on site.

7. Where it is necessary to split an elective between geographical locations, the minimum period in any one institution or location should be 2 weeks, and the travel period between locations should be identified to assess the impact on relocation and acclimatising to the second venue. A robust justification should be offered for being placed at two or more sites. For example, a student cannot 'compare health care in the UK with health care in India' if they spend 6 working days in each location and the rest travelling, etc.

8. Medical schools should ensure, in so far as is possible, that students only carry out elective placements that provide access to on-site support and supervision by a suitably qualified (or experienced) professional working in a health-related field.

9. Medical schools should have processes to review and give feedback to students on the (usually academic) justification for the proposed elective placement before they travel, to enable reflection and adjustment ahead of departure.

10. Where research projects comprise the major component of the elective, the schedule for analysing and writing up or publishing should be included in writing in the student's planning, and access to research ethics advice should be available if required.

11. Medical students should be guided to access Foreign and Commonwealth Office (FCO) advice for travellers to other countries, and to follow this advice at all times. If necessary, they may be required to discuss this with their medical school during the period of planning the elective. Where the FCO offers alerts, students should sign up for notifications relating to their host country.

12. Medical schools should provide guidance on medical indemnity and insurance that may be required for the elective. They should explain any institutional travel insurance if provided, and the type of cover that the institution does not provide (which may include malpractice cover, curtailment of elective because of examination failure, etc.). Although personal travel outside of curriculum time or requirement is not an elective (so on a different basis), schools could advise students to book additional insurance if they plan to precede or follow their elective with a holiday or leisure travelling.

13. Students should undertake a risk assessment for their elective (and also be encouraged to think about additional risks of any holiday component associated with the elective's location). The elective placement risk assessment should be reviewed by a staff member or nominated supervisor. It should include, as relevant, risks associated with local disease, burden of infectious diseases, travel and location (e.g.

accommodation, altitude, humidity, temperature, hygiene and sanitation), personal safety, psychological factors, political context, local customs, risk of natural disaster and local practices, including religious observance, and other cultural attitudes, such as those towards lesbian, gay, bisexual, transgender and female travellers. Risk assessments should also include an assessment of post-exposure prophylaxis (PEP), specifically but not exclusively HIV and malaria, that should be taken. We also recommend that students anticipate language barriers and think about strategies for managing them.

14. British students should be required to look up contact details for the nearest British Embassy or Consular Service ahead of departure, if they are leaving the UK. International students should likewise be required to familiarise themselves with their particular Embassy, if on placement anywhere other than their home country.

15. Medical schools should have pathways in place for the provision of medical and infectious disease advice regarding occupation and travel, either via an appropriate referral process or via existing provision of services. If this is not possible internally, the school should direct students to a travel clinic or their general practitioner (GP). Schools should either provide access to information on other preventative measures including PEP (e.g. for HIV and malaria) or check that students have their own pathways for PEP provision researched and in place.

16. Medical schools should advise students (ahead of the study period) to familiarise themselves with an appropriate mechanism to report in a timely way any adverse situations, accidents and near misses. This could involve direct communication with the insurance company about a serious incident or with a designated contact on the elective team for a less acute situation.

17. Students should be required to check the elective host provides a named individual responsible for ensuring the placement takes place, including the completion of an attendance and performance report at the end of the elective.

(B) During the elective: contact and conduct

1. During the elective medical schools should have access to students' personal details and next-of-kin information on their institutional systems, and any relevant pre-elective paperwork. Students should be encouraged, while on placement, to update any changes to their contact information in a timely manner.

2. In the situation of a serious event arising whilst the student is on elective placement, medical schools should have a protocol in place that outlines necessary actions by staff. This may include action at the university level in order to manage potential public exposure.

3. During the elective students should reassess risks that they may encounter and formulate actions to minimise these risks once they have started their elective placement. They might, for example, seek advice from home or location supervisors. This should have been decided pre-departure, but can be reinforced through other communications during the travel period.

4. Schools should support project content change reported to them during electives by students as a result of on-site circumstances outside of the student's control or different to their expectations during the placement. Examples are allocation to a different specialty, research access or approval being different to that expected, site changes, etc.

5. Before the elective placement students should receive information on how to communicate with their home institution in the event of an unforeseen emergency.

During the placement use of e-mail or phone communication with the core administrative or academic staff (with addresses and numbers available online and stated in the handbook) is the obvious route, and should be available to students. Given differences in time zones and office hours 'out of (UK) hours' contact advice also ideally needs to be provided. This could be the student's insurer's own emergency team, or where viable a member(s) of university staff, who would then alert relevant personnel in the medical school. As it may well not be possible for an individual staff member to be contactable 24 hours a day, schools could consider alternatives, such as a telephone triaging service that facilitates school notification, or students researching local emergency numbers as part of their advance risk assessment.

6. Should a less urgent matter arise during the elective placement students should use contact details provided pre-departure or cited in the handbook. For these instances, a process should be in place that informs an appropriate member of staff of the student query within 24 hours during working days.

7. Students should be advised to seek opportunities to reflect and report on the skills and knowledge gained during the course of their placements.

(C) After the elective: debrief, assessment, reflection

1. Medical schools should ensure that a process is in place that encourages students to actively engage in reflection on their elective experience following return from the placement. This may involve the writing of a reflective report, presentation of a case or poster, or attendance at a tutorial or supervision meeting.

2. Schools may, but need not, summatively assess elective reports. Formats may include reflective reports, data collection, editorials and literature reviews, depending on the specific learning outcomes of the curriculum. Other methods (e.g. posters or

journal entries) can be used. Where assessment is credit bearing, as with other programme components, schools must make their assessment criteria available and a monitoring process should be in place to review scoring consistency.

3. Students should submit any required summative or formative reports on their elective experience, provide attendance reports and complete any other post-elective reports required by the medical school or university, such as accident summaries, health questionnaires, exposure to TB, etc. The school should ensure that deadlines are clear and that submissions are monitored.

4. Feedback on assessed work should be provided by the school, to the student, in line with the university's code of practice.

5. Medical schools should ensure that any health issues that they are notified of that have arisen during the elective are reviewed and appropriate action taken, including, as with any routine occupational health course process, advising students on their actions at their next academic placement or Trust (post-qualification if the elective is at the end of the course).

6. A process should be in place for collection of information on adverse events, with further dissemination of this information to other medical schools, where relevant. Medical schools should actively promote a culture that encourages students to report adverse events experienced whilst on elective placement.

7. Medical schools should request a report from host supervisors on the performance of students during the elective placement, which should also encourage feedback regarding any concerns about professional conduct.

8. Medical schools should offer access to a face to face general debriefing on individual electives. There should also be opportunity for students to discuss any adverse situations that arose (with whom would depend on the nature of the event, e.g. whether it was academic or welfare related). Where such issues are at the institutional level, this will allow the electives team to advise on subsequent placements with the host.

9. It is recommended good practice to routinely evaluate the experiences of students, supervisors and hosts (including the resource impact of having students present) in order to inform future development of the medical school's elective programme.

10. Schools should collate useful resources and information offered by students after their electives, along with sample reports (with consent for use for this purpose), and make them available to future students.

11. Medical schools could consider how they would periodically review institutions their students visit on electives, in recognition that these can comprise higher-risk elements in comparison to most other undergraduate student placement activities. Suggested methods include evaluation of student reports, debriefing returning students, the sharing between schools of adverse issues arising, feedback from returning students and alumni, and site visits when these would be felt to improve the management of the elective at those institutions (e.g. where there is an exchange in place).

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Specific recommendations on issues of exposure to disease and psychological health

Exposure to disease

Medical electives in resource-poor settings with a high risk of exposure to infections are common. Examples of exposure include tuberculosis, HIV or viral hepatitides (blood-borne viruses or BBV) and may also include tropical infections unfamiliar to the average UK medical student (for example schistosomiasis). Experience in those areas is often actively sought to get a more rounded experience. However, outbreaks of infection (e.g. Ebola in West Africa) or the emergence of serious viral respiratory or systemic infections (e.g. SARS or MERS Co-V) may prevent students from travelling to those countries or engaging with patients whilst in an at-risk country. This may require changes to elective plans at short notice or additional advice (such as in the case of the recent emergence of Zika virus infections).

Because of the risk some diseases pose to personal and public safety, the MSC Electives Committee has developed regularly reviewed information sheets for specific diseases, including tuberculosis, Ebola and the Zika virus outbreak in the Americas. These are available to elective leads through the Committee's file-sharing facility. The following strategies are recommended:

- Elective students should have made a pre-travel risk assessment of the possibility of exposure to TB, BBV, viral hepatitides, HIV and other important pathogens as indicated.
- Elective students should have access to advice on HIV-PEP, or be informed how to obtain this advice, and guidance should be given according to the risks identified.
- Students should be actively reminded to take responsibility during their elective periods for minimising their risks of exposure to BBV and TB.

- Students should, either during or after their elective, report possible exposure to TB or BBV. Students with possible exposure should receive appropriate medical advice and follow-up.

Psychological/Mental Health

A medical elective in a different country or different health care environment can have, often unexpectedly for students, additional psychological impact, which is usually more pronounced when transitioning from a high-income to low-income environment.2 Culture shock is the process of adjusting to different environments and is a common, possibly under-discussed, consequence of a medical elective. Factors such as language differences, lack of availability of familiar food, different styles of living, isolation, lack of utilities, changes in social activities, etc., can result in some students feeling disconnected from their new environment and lead to feelings such as frustration, irritability, anxiety, tiredness and homesickness. Adaption to a new environment is a lengthy process (many months), which means students will not, and should not be expected to, fully adapt during an elective. On returning to the UK there is also the potential for students to experience reverse culture shock (in re-acclimatisation).

Exposure to traumatic clinical experiences (e.g. high mortality rates because of limited resources) compounds the psychological stress of 'culture shock', as many students witness events (type and frequency) that would not be encountered in UK medical practice.

Recommendations are that:

- Students should be made aware prior to departure of the psychological and mental health stress a medical elective can expose them to. This could be, for example, in

discussion with their supervisor, reflected on as part of their risk assessment, or included in a lecture, handbook or other teaching.

- Students should have thought about how to minimise and manage psychological and mental health factors that might relate to their elective. This could be included in their pre-departure risk assessment.
- Opportunities within the medical school should exist for students to have debriefing should a psychologically traumatic adverse event occur during the elective, in the clinical environment or outside it. They should be encouraged and facilitated to report such events confidentially to their home institution, in order to be offered support by their university's welfare, support or counselling services on return.

Source: Wiskin, C., Barrett, M., Fruhstorfer, B. and Schmid, M. (2017). Recommendations for undergraduate medical electives: a UK consensus statement. Medical Education, 52(1), pp.14-23.