

## ADVISING STUDENTS ON SELECTING ROTATIONS

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### **Introduction**

Unless a student has a specific country and hospital/clinic in mind because of personal contact, choosing a site for an International Health elective can be quite daunting. To make this perhaps a bit less complicated, this chapter will discuss your role as Advisor and the When, Where, What and How of the International Health elective process.

The role of the faculty advisor in helping a student select a site involves three types of activities. The first is to simply be there to encourage a them to pursue these dreams. The number of students entering medical school with international interests and prior experience has increased dramatically over the past decade. A major part of the role is to be supportive and encourage students' natural creative problem solving. The old saying, "don't just do something, stand there," actually applies here. While there are things that you can do to help our students find actual sites, a major role is to support these interests during a time of heavy curriculum requirements.

The second activity is to know the pragmatics of your school's education time-line and requirements to help students know when an experience abroad is possible and what is necessary to receive credit. Take the time to meet with your school's curriculum dean or

student affairs dean to understand how best to advise your students. The question of *When* and Criteria for Credit (when needed/desired) will be discussed in later sections.

Finally, an advisor can start to become a resource for possible sites from which a student can select one that will fit her/him. There is no way that any of us can know the thousands of possible places that are available around the world. Therefore, the role of the advisor is to listen to the student's idea parameters for an International Health elective and then to think out loud with the student ways that s/he might discover where these can be met. In the beginning, a new advisor will not have much to offer if the student's interests are outside the area of expertise of the faculty member. One way of developing options for the future is to make sure that all of your students who go on an international experience fill in an evaluation form that records not only what the site was like but how to reach

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the international mentor. During the past ten years, the compilation of evaluations from the University of Washington into a source book for rotations has provided not only leads to specific sites around the world but also interesting reading material on what is possible for students interested in a particular experience but maybe not sure

if it can be done. (A suggested evaluation form can be found in the chapter on Evaluation and Debriefing.)

The following sections, the *When*, *What*, *Where*, *How*, can be used to help students start the process of exploring the various issues involved in choosing an International Health rotation. In each section, the authors have provided general guidelines followed by a few specific suggestions. Please remember that not every suggestion will fit any or every situation – there are always exceptions. The bottom line is that being available as a supportive person, giving your students the message, “you can do this,” is half the job of helping them find a good site. The other half is that by doing this over the years, you can compile information and possible sites that can facilitate your students getting to where they want to go and doing what they want to do.

### **Description**

An International Health elective can be either a research-oriented project or, more commonly, a clinical experience. The clinical experiences vary in length, but to have enough time in one place, to understand even the surface, four weeks is probably a minimum. These experiences can be done for credit or no credit, depending on the needs/desires of the student and the policies of the institution.

### **When**

Schools with research requirements may have more students involved in this activity between the first and second years. The more common clinical rotations are ideally done in the final year when clinical skills are at their

peak. Some students do these after the Step II of the licensing exam. Others may travel between Match Day (mid-March) and graduation. A few students may choose to take an entire year off, either for a research project (usually between second and third years) or to explore clinical medicine in several developing countries (usually between third and fourth years). In addition to the policies of the institution, students should be aware of any restrictions by site, e.g., some hospitals in Ireland cannot accept international students in February, and December and January are problematic months for most Latin American hospitals because of holidays.

Students should begin planning an International Health elective at least one year in advance. This is especially important for students traveling to English-speaking sites. Remember – if the site is particularly appealing to your students, it may be too many North American medical students!

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An overall planning timeline has been developed by Carole Davis, Chris Krogh, and Ron Pust for IHMEC's *Preparing for International Health Electives; A Mini-Guide to Resources* and is reproduced at the end of the chapter “Planning and Preparing”.

### **Where and What**

Once a student has determined when s/he will travel abroad, the next step is determining where s/he will go and what s/he will actually do. *What* and *Where*

are so intimately connected they will be discussed together. Many students w already have a continent or country in mind for a variety of reasons. Even with these preconceived ideas, it is importan that the student spend some time thinking about her/his ideal environment: developed/ developing, urban/rural, jungle/desert, mountains/ shoreline, English/non-English speaking, secular/religious. The location of an International Health elective will help determine how comfortable a studen will be with her/his environment and therefore how well s/he will be able to function.

Students need knowledge of facilities available at overseas sites. Some adap easily to no running water and others do not! Where fewer facilities exist at a site a student should be prepared to deal with a variety of activities, possess genera flexibility, and use plenty of comm sense. Language issues are quite important. Language competency is always preferable and , even though many host physician s speak English, students have a better experience and help more if they are able to communicate directly with patients. If a translator is needed, this can present a burden to the on-site mentor. An International Health elective needs to be a true give a nd take between the studen and the on-site mentor. Many rural hospitals in developing countries are mission hospitals, and students need to know if there will/will not be a religious component to their elective.

The *What* may be site dependent. For example, some students want to gai experience in infectious diseases or tropical medicine. This is much better accomplished in Guatemala or Kenya

than in Ireland! Others may seek experiences in obstetrics – better in Ireland or Ecuador than Germany. Whether the international elective will be a hands-on or observational experience may depend on the students' and/or the hosts' institutional policies. While obtaining a pre-determined daily or weekly schedule of activities is probably not practical, especially for work in rural clinics, an on-site mentor should provide a brief description of inpatient/outpatient caseload and types of experiences students will be offered. Responsibilities will depend largely clinical or research capability, ability to adapt to di ferent cultures, and personal assertiveness.

The *Where* and *What* stage is a time for much discussion with the student. The information obtained by the student from the on-site mentor and other sources and that which you can impart to her/h will be inva uable in helping to insure a positive and productive medical and cultural experience.

### **How**

Once the *When*, *Where*, and *What* have been determined, the paper part of the process begins. Again, how much paperwork is involved is institutional dependent. The following is an example.

1) The student should contact the on-site mentor requesting acceptance for a particular elective at a particular time (give specific dates). Many times this letter of request and a cover letter from the student's advisor will be sufficient. Most sites do not require a formal application.

2) When a student has been accepted for an International Health elective, some

schools require an institutional application.

### **Criteria for Credit**

A potentially problematic part of the international elective process may come from a need to give academic credit to students. One of the authors has found that knowledge of what a student will be doing and a clear understanding of what s/he wishes to learn can make this a well organized process and eliminates possible perceived lack of academic rigor. A sample form is attached in the Appendix. As an example from one institution, credit is given when the following requirements are satisfied:

- Maintain a daily journal while on site;
- Prepare a scholarly paper containing medical and cultural experiences and case studies;
- Upon return to the home institution, present a seminar on experiences to faculty and students.

While these requirements may appear somewhat demanding, some collateral “goodies” exist in the process. Seminar presentations allow students in following years to learn about experiences and faculty to appreciate “extra” activities in which medical students participate. Scholarly papers and evaluation forms (see chapter on Evaluation) can be maintained in a resource file. *On-site* mentors may have further requirements that can be included in student files.

### **Resources**

A number of resources are available on the internet, and a few publications list

sites for students. These range from language immersion experiences with clinical components to lists of places where students have worked, but that may contain no information about quality or availability. Sometimes the best sites are those that others have not discovered, and the suggestions in this guidebook should be considered only as a starting point. In fact, faculty members may not be aware about activities even in the next hallway and within a stone’s throw of their offices – somebody may be waiting with a contact in Argentina or Australia who is perfect for a student!

### **Publications and Resources**

1) from American Medical Student Association Resource Center...ca  
703/620-6600 ext.217; e-mail:  
**[amsarc@www.amsa.org](mailto:amsarc@www.amsa.org)**

a) International Health Electives for Medical Students, 1998

b) A Student’s Guide to International Health

2) from the Canadian Society for International Health, 1105-One Nicholas St., Ottawa, Ontario, CANADA K1P 2V2

a) Basic Concepts for International Health Module, 1995

b) Orientation Guide for International Health Electives, 1995

3) *Overseas Clinical Elective: A Survival Guide for Healthcare Workers*, Renée Adomat, ed., Blackwell Science Ltd., Oxford, England, 1997.

## WEB SITES

IHMEC: <http://www.ihmec.org>

*The International Workbook Guide for  
Students and Residents:*

[http://cihen.cstudies.ubc.ca/students/sunsi  
h/w-intro.htm](http://cihen.cstudies.ubc.ca/students/sunsi<br/>h/w-intro.htm)

The National Council for International  
Health: <http://www.ncih.org>

AMSA:

[http://www.amsa.org/programs/ih/ihsc  
main.htm](http://www.amsa.org/programs/ih/ihsc<br/>main.htm)

University of Massachusetts Medica  
School International Health Care  
Opportunities Clearinghouse:  
<http://LIBRARY.UMMED.EDU/ihoc>

Pan American Health Organization:  
<http://www.paho.org>

## FINAL NOTE:

All the above are only suggestions and guidelines. The authors hope that others will add their knowledge so that we can continue to advise our students as they pursue their interests in International Health and become an integral and productive part of the Global Village.