



# IFMSA

International Federation of  
Medical Students' Associations

## IFMSA Policy Document

### Ethical Medical Placements Abroad

**Proposed by TAMSA-Tanzania and SfGH-UK**

**Adopted in IFMSA General Assembly March Meeting 2018 in Hurghada, Egypt**

#### Policy Statement

##### Introduction

The IFMSA believes that medical placements abroad offer an opening for contextual global health education in medical curricula whilst promoting cultural competency and international collaboration amongst medical students. IFMSA recognizes that many countries have different organizational backgrounds depending on their healthcare and medical education systems. Health is becoming increasingly transnational, and inclusion of global health in curriculum is becoming increasingly important to address local populations. Students on placement abroad can have a negative impact on the hosting communities. IFMSA believes it is inequitable, and therefore unacceptable, for certain students to benefit at the expense of others. IFMSA therefore calls for an international debate about the structure of medical placements abroad, more rigorous standardisation of pre-departure training, objectives, and assessment of international exchanges and electives.

##### IFMSA Position

The IFMSA believes that:

- An international debate among global health and medical education stakeholders is necessary to consider the conduct of medical placements abroad and the extent to which they are beneficial.
- A medical placement is a life changing experience for many exchange students. To be well prepared and have resilience factors, preparation and personal reflection are needed. Therefore, medical students should receive pre-departure training from the organising institution before going abroad for a medical placement and upon arrival training in the hosting country before the start or during the medical placement.
- After their placement, all medical students should have an occasion to reflect on their experience and think about how to apply what they learned to their everyday practice, with the goal of improving themselves as well as the health of others at local and global levels.
- Without careful preparation, medical placements abroad can have a negative impact on the hosting communities. It is possible that without preparation students can act without competence, negatively affecting the wellbeing and trust of hosts. All students who are participating need to be aware of the possible effects towards the local community or local health professionals.
- Universities should adopt a framework for international medical placements such as IFMSA bilateral exchanges, minimising risk and maximising benefit for both the student and hosting community.
- Ethical placements abroad should be encouraged by medical education institutions in all IFMSA National Member Organisations.



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- Medical students participating in placements abroad must adhere to the World Medical Association international medical ethical standards.

## **Calls To Action**

The IFMSA calls upon:

### 1. Its National Member Organizations (NMOs) to:

- Actively support the IFMSA exchanges. This can be done through economical support, helping with material resources, actively work with the exchange officers to implement Pre-Departure Trainings and Upon Arrival Trainings, etc
- Where appropriate given the social and political setting of the host country, encourage the bilateral model of IFMSA professional and research exchanges over the unilateral model as it better addresses the inequities involved with going on a medical placement abroad.
- Host trainings at national and local meetings on how to maximise the benefit of medical placements abroad and improve equality.
- Ensure evaluation and follow up of students going on medical placement abroad to assess the impact of the placement on a student's personal and professional development, and ensure data is transparent and accessible.
- Organize Pre-Departure and Upon-Arrival Training sessions to their students in topics with topics like personal issues travel safety, cultural awareness, language competencies and international ethical considerations

### 2. Medical Schools, National Medical Regulatory Bodies and Health Service Providers to:

- Recognize IFMSA Professional and Research Exchanges as part of the medical curriculum and use this model to encourage medical students to take part in ethical medical placements abroad.
- Tie the aims and assessments of medical placements abroad to global health learning outcomes.
- Provide, or assist NMOs in providing, compulsory pre-departure training for students going on placements abroad, on-arrival training and post-placement debrief for students coming to the university for medical placement covering issues of personal and travel safety, cultural awareness, language competencies, and international ethical considerations.
- Ensure the educational opportunities of local students are not disturbed by students on medical placement at the institution.
- Develop links that are maintained beyond the student's visit such as institutional partnerships, in order to support long-term bilateral medical placements.
- Provide funding to students' destination for tuition if medical placements abroad are a compulsory part of an institution's medical education.
- Advocate to ensure these opportunities are available to all and students are not prohibited by financial constraints.
- Work with governments to advocate for visa provision for students wishing to undertake a medical placement abroad to ensure students are not prohibited by immigration constraints.
- Invest in research on the impact that medical placements abroad have on hosting communities, and in the development of a standardized and global health-oriented curriculum for pre-departure and upon arrival training which aims to create a framework for ensuring ethical conduct during medical placements abroad.

### 3. All students to:

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- Understand their role as a learner within the new health system and not as a health professional who is meant to provide care.
- Adhere to international medical ethics codes when on medical placement abroad.
- Consider their impact on the hosting community before undertaking a medical placement abroad and take measures to minimize such burdens such as learning the basics of the local language and familiarizing themselves with the culture prior to their departure, as well as setting clear and reasonable expectations for the experience together with the local staff at the beginning of their medical placement.
- Never exceed the level of skill appropriate to their level of training in their home country when on an elective abroad.
- Never take photographs of patients or local people when abroad without their consent.
- Avoid being judgmental of differing medical practices or beliefs abroad and seek to integrate new health care perspectives into their practice within their home country so as to better serve their population.

## Position Paper

### Background

Every year, an increasing number of medical students travel overseas on medical placements abroad. These opportunities are a key component of medical school curricula around the world and are becoming increasingly desirable and expected amongst medical students. International experiences in medical care provide medical students with the chance to experience healthcare within different health and education systems worldwide as part of their degree, furthering their professional development and cultural sensitivity. However, despite these positive effects, medical placements abroad do not undergo the same rigorous analysis as other parts of the medical curriculum, especially in terms of learning processes and outcomes (1).

With more learning outcomes relating to issues in global health, these medical placements abroad have the potential to provide experiential global health education where it is lacking in many medical school curricula (2). Due to lack of monitoring and evaluation, it is unclear if students receive a satisfactory education. Without purposeful consideration, these placements are subject to variability in quality and relevance as well as exploitation of purpose as some indulge in leisure in place of meaningful learning experiences. Cost, fees and financial assistance also vary greatly between institutions nationally and internationally, leading to inequality in access of opportunities for students due to economic barriers. In addition, visa and immigration restrictions can greatly hinder students' abilities to gain reciprocal experiences.

### Preparedness and Ethical Dilemmas

Many medical students going on placement abroad have commendable motivations but lack the necessary skills to learn and contribute most effectively while away (3). Limited research exists into both the ethical consequences of medical placements abroad and the training needed to prepare students appropriately for these endeavours, particularly in low resource settings. A large proportion of students

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spend their time in exchanges within low and middle- income countries. For example, each year UK students alone spend an estimated 350 years of medical placement time in low and middle-income countries (3). Outside of the IFMSA, there is also no specific consensus or official guidance on the required content of pre-departure training, particularly in the field of global health ethics (10).

There is a lack of advice to cope with ethical dilemmas which pose a realistic challenge to students on placements abroad and cannot be adequately dealt with without the right knowledge, attitudes and skill-set. Medical students participating in medical placements abroad have an ethical responsibility to preserve the dignity of their patients and provide a faithful, comprehensive visual depiction of their surroundings so as to avoid causing public misperceptions. For example, taking photographs of patients is one striking act that should not be done by medical students in their placements. It should be emphasized that student can take photographs only when given the permission to do so. Amongst ethics that are sensitive to different settings, care must be taken to ensure local guidelines are followed. A well researched and evidence based framework for ethical medical placements abroad is urgently needed (4).

Pre-departure training refers to a training undertaken by the student prior to travelling to the host country to complete the medical placement. Upon arrival training refers to training delivered during the placement in the host country by the hosting students and/or universities. Both pre-departure and upon arrival training opportunities may cover issues inclusive of, and not limited to, personal and travel safety, language and competency with an overall aim to ensure the student is equipped for the placement in the host country. A standardised pre-departure and on-arrival training framework is also required, which should approach the ethical aspects of international medical placements using the World Medical Association International Code of Medical Ethics and Medical Ethics Manual, the cultural and sociological transversal development skills needed, and philosophy of global health (7,8). One example of a pre-departure training framework specific to IFMSA exchanges is the pre-departure training endorsed by UNESCO's Chair on Bioethics for outgoing students.

## **Bilateral Placements**

The Crisp Report on Global Health Partnerships recommends that "Medical, nursing and health care schools should work with others to ensure work experience and training placements in developing countries are beneficial to the receiving country" (5). However little research has considered the impact of international medical student on their host communities or sought the perspectives of such hosts. Medical placements abroad can therefore, represent a one-way process where visiting students benefit disproportionately. This process further puts disadvantaged local patients at risk. Students may be placed in situations which exceed their competencies. It is possible that students take advantage of healthcare systems that lack healthcare professionals and these students may end up as the primary care provider. Furthermore, visiting students may impinge upon the valuable teaching of students of the hosting community if the placement has not been structured appropriately. Despite the popularity of medical placements abroad, their unstructured nature means valuable educational opportunities are missed for both the visiting and hosting student. Substantially lengthy institutional partnerships that focus on contribution as well as learning can help minimise the potential risk and maximise student benefits of these opportunities (4). Institutional partnerships commonly refer to partnerships between two academic institutions or hospitals, however it is also worth considering partnerships between an academic

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institution and the NMO of that country in the context of IFMSA exchanges. Such partnerships between NMOs and institutions may contribute further to the academic quality of the exchange and the opportunities for both outgoing and incoming students.

IFMSA exchanges are a form of medical placement abroad, bilateral in nature, in which students experience healthcare in a different cultural setting. Students are encouraged to develop a wider perspective of medical practice and by experiencing a different health system, they can appreciate how it varies from their own. This in turn motivates and inspires students to advocate for meaningful change in health culture: in their own system and/or other countries. In addition, the exchange provides an opportunity for a future health care professional to come into contact with patients whose cultural background differs from their own. This exposure to patients living in different cultural realities develops cultural competence among future healthcare professionals, which is fundamental to the creation of a solid therapeutic alliance and the provision of high quality patient centered care in a 21st century context of multiculturalism. Within IFMSA, evaluation of the placement is done through completion of the mandatory Evaluation Form and the Exchange and Scientific Report (for SCOPE and SCORE respectively) after each exchange. This important aspect allows reflection and feedback on the exchange by the student in order to continue to improve IFMSA exchanges, and the data available could be used to evaluate the impact of IFMSA exchanges on a student's personal and professional development. This bilateral model with appropriate evaluation and follow-up can be used as an example of a sustainable and equitable method of providing medical placements abroad.

Since promoting cooperation and cultural understanding amongst health professionals worldwide is the mission of IFMSA Exchanges (11), it is important to mention that the unilateral model is another important opportunity. This type of contract is one whereby an NMO sends or hosts a student without reciprocity. Sometimes NMOs are not able to open opportunities in case of any major circumstances, such as security issues in the country, for example. Therefore, even though Bilateral exchanges are the core of the IFMSA as they promote equitable opportunities for students of both countries involved in the placement, we must not neglect the unilateral opportunities which thus help to truly promote equity in exchange opportunities worldwide.

## Conclusion

In the Report, "Working for Health Equity: The Role of Health Professionals", it is recommended that "student placements in a range of health and non-health organisations, particularly in deprived areas, should be a core part of every course. This will help to improve students' knowledge and skills related to the social determinants of health". The report also emphasises that students are uniquely placed to challenge current healthcare models, take action on the social determinants of health, and create meaningful change in health culture (6). Therefore, if thoughtfully structured and combined with contextually relevant pre-departure, on-arrival training and post-placement debriefing medical placements abroad may be a useful opportunity to educate students about the social and economic causes of ill health worldwide and help develop cultural competence among future healthcare professionals. Overall, this aids in creating a generation of medical professionals better equipped with the skills to tackle the social determinants of health and achieve greater global health equity and able to better treat their patients, who come from an increasingly multicultural society.

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## List of Abbreviations

<b>IFMSA</b>	International Federation of Medical Students' Associations
<b>NMO</b>	National Member Organization
<b>SCOME</b>	Standing Committee on Medical Education
<b>SCOPE</b>	Standing Committee on Professional Exchanges
<b>SCORE</b>	Standing Committee on Research Exchanges
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization

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