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I remember one day at the 50th Anniversary General Assembly of IFMSA in Aalborg, Denmark, being tired from the previous night’s party, sitting down with some hardworking people from several countries to talk about what SCOPE (Standing Committee on Professional Exchange) meant for us. First, we thought it to be trivial, something we didn’t have time to talk about. “It is a big part of our lives,” we said… However, very soon we found more thoughtful explanations on what we really felt about organizing professional exchanges:

1. SCOPE gives us a better understanding of mankind, through getting to know foreign cultures and meeting various profiles.
2. With a better understanding of each other, we have the chance of aiming towards a more peaceful world.
3. Through a professional program abroad, students are able to learn and gain personal experience in medical practice and everyday work in a foreign country.
4. The students, with the help of this newly gained experience abroad, may be able to improve their own health system in their native country.

After discussions, and after we finalized the above statements, there was such euphoria in the room. We were all happy for being a part of SCOPE. This was one of those moments in my life that gives me strength to do all the activities I do. This is the source of my power for working with SCOPE and IFMSA as well. I think I still feel this euphoria while working on the MSI. I was very glad, when Jana, our lovely SCOPE Director turned to me with the request to be the editor-in-chief of the “newborn” magazine of the IFMSA, called MSI on Exchanges. The purpose of having such a magazine is to step forward with SCOPE, show what we are, what we have done and what we will do in the future. SCOPE is a rapidly growing Standing Committee within IFMSA with more than 80 countries involved worldwide. Each country gives the opportunity for more than 7000 thousand students worldwide to do their professional practice abroad, and gain international experience. MSI on Exchanges is a forum for stepping into the spotlight - a medium where the participating countries can introduce their programs to the others. It is also a source of information about SCOPE for 1,600,000 students worldwide, who are willing to spend some time abroad on a clerkship.

I would not say it was an easy job to collect articles for this magazine and finalize it, but it was a very challenging and encouraging experience which gave me the unique opportunity to get to know more people from each corner of the Earth, who also eagerly work on the new future of IFMSA SCOPE.

I really would like to thank all the people who provided me with the help and support. Without them this magazine would not have seen daylight. I especially want to thank my co-editors Jana, Joel, Mindaugas, Irena, Henrietta, Arany, Nergiz, Kari, Tamer, Mikka, Mirja, Simone, El-Fatih, Mohit, Rosa and Ramon, and last but not least to all the people around me, who helped me with the design and proofreading.

I hope that you will enjoy exploring the world of SCOPE through MSI. Keep in mind: MAKE A CHANGE, GO FOR AN EXCHANGE!

András Szigeti, Hungary
MSI Exchanges, Editor-in-chief
andrewszig@hotmail.com
very year, thousands of medical students worldwide will check similarly odd collections of medstuff into the baggage claim of their local airport, and shuttle across the planet on an international medical exchange program. For over a half century, the International Federation of Medical Students’ Associations (IFMSA) has facilitated this interchange of students, of cultures, of ideas. Our vaunted Standing Committee On Professional Exchange (SCOPE) has nurtured a global network that reaches 78 countries over six continents - allowing medical students a window to cardiology in Canada, gynecology in Ghana, or surgery in Slovakia. In the pages to come, you will be introduced to the half-century odyssey of SCOPE.

Exchange is largely about accepting challenges. Students that participate in an exchange accept the challenge of doing just a bit more with their medical education - and of becoming the type of physician that our world will need to face complex medical problems in the next century. Racial and ethnic barriers divide too many in today’s world - and students on exchange must embrace the culture, lifestyle, and language of another nation. Disease states often follow distinct epidemiological patterns - and students on exchange must learn about disease patterns endemic to another region. Health care systems in every country struggle to provide optimal patient care in light of economic realities - and students on exchange must confront how a different society approaches its allocation of resources.

Then again, maybe it’s not such a bad thing for future physicians to face difficult challenges early in their training - because the path ahead is no easier. For every 100.00 people,

Eastern European countries often train 400 or more physicians - while sub-Saharan African medical schools often produce no more than two. Natural disasters occur ever more frequently, and humanitarian aid agencies will continue to struggle with the task of providing medical care to refugees and internally displaced persons. Indeed, there are reasons to believe that the physicians of tomorrow will have reason to remain mobile, and to practice in unfamiliar situations - and it will be up to our generation of physicians to meet this difficult challenges.

The IFMSA Exchange program suggests that we will do exactly that. Countless non-governmental organizations (NGO’s) now accept as their mandate the provision of health care resources in regions that are medically underserved. Perhaps today’s international exchange student will continue to pursue her love of international medicine by later working with one of these agencies. And perhaps, over time, international medical NGO’s will realize a more qualified workforce: young physicians that have already practiced medicine in a new and unusual setting. After all, could there possibly be a more fertile training ground for physicians working in tomorrow’s refugee camp or disaster area than the medical student participating in an international elective today?

Whether the goal of the young traveler and physician-to-be is to work in foreign lands in the future or simply to gain exposure to patient care in an international setting now, the value of exchange is undisputed. For me, my summer of 1998 in Saltillo, Mexico, led me to explore further options for students interested in international health - and like so many before me, this journey quickly led to IFMSA. We hope that you will enjoy the pages of this Medical Student International on Exchanges, as our National Exchange Officers take you on a glorious global excursion. A world of adventure and opportunity waits.

Respectfully yours,

Joel A. Kammeyer
IFMSA President 2001-2002
president@ifmsa.org
In an article in the 3 November 2001 issue of The Lancet entitled "Bringing Global Issues to Medical Teaching," Catherine Bateman and colleagues stress the importance of training future physicians to meet the global health challenges of tomorrow. The authors likewise describe the efforts of medical students worldwide to enhance their medical training with curricular and co-curricular activities of an international nature. The International Federation of Medical Students' Associations (IFMSA) applauds the attention that the authors have given to this important issue, and we join their call for an increased emphasis on global health issues within medical education curricula.

Medical education must accept the development of culturally sensitive and tolerant physicians as a primary mandate. Exposure to the customs, lifestyles, and socioeconomic realities of persons from other countries can and must play an important role in the education of our future physicians, if they are to be equipped to face the health challenges of the new millennium. Examples abound that it is no longer sufficient to consider health issues from a strictly national standpoint:

- Links between poverty and health are increasingly evident. Decreasing life expectancy and increased disease burden in some developing countries depletes these societies of a functional labour force. Technological advances are not distributed evenly throughout the world, leaving the disparity of health status between the developed and developing world at risk for increasing further.

- In June, the United Nations conducted its first-ever General Assembly Special Session on a health issue, as world leaders and public health experts addressed the global crisis of HIV-AIDS. Governments and philanthropists have responded in kind, establishing a global AIDS fund that has resulted in a dramatic increase of funding to combat this epidemic.

- Events on and since 11 September have dramatically altered the global landscape of public health. Communities are examining their readiness to respond to a disaster situation; nation-states are assessing their capability of meeting the health needs of their citizenry in the event of a biological or chemical attack; governments are shifting priorities to meet these growing health concerns.

Medical schools must respond appropriately. Students have long pursued international initiatives as a supplement to their education; institutional support for these activities is inconsistent between universities, and opportunities to pursue international health coursework for academic credit are sporadic. Nonetheless, a significant number of students worldwide remain interested in, and committed to, international health issues. With proper channelling of this interest, medical schools have a golden opportunity to produce a new generation of physician-healers, committed to changing the inequities that shape global health.

Co-curricular opportunities for students to pursue international interests are plentiful, and medical school administrators can play an integral role in facilitating these initiatives. Countless students pursue an international elective as part of their training, and administrators can help by facilitating the development of a local exchange program or by offering academic credit for these electives. Students worldwide are involved in the development of meetings, projects, and conferences on health issues of a multinational flavour, and administrators might provide experience, connections, and technical expertise to supplement these efforts. Faculty members might also enlist other community doctors with international experience, to create a local network for students to organise seminars or develop contacts.

For fifty years, IFMSA has offered a co-curricular introduction to global health issues for future physicians around the world. It is our hope that the article by Dr. Bateman and colleagues will represent an important landmark in the evolution of global health as an integral component of medical education curricula.

Joel Kammeyer
Dear friends,

I am honoured to present you the new issue of the IFMSA Newsletter - Medical Student International on Exchange. We've been talking about the MSI on Exchanges for a few years and I am glad to introduce you one of our dreams, SCOPE dream.

We are happy to welcome you to the unique opportunity for medical students world-wide - IFMSA Exchange Program. The whole newsletter is dedicated to IFMSA exchange program, to give you more information about the medical students' mobility.

The Standing Committee On Professional Exchange (SCOPE) was the first IFMSA Standing Committee. It constitutes the largest exchange program within IFMSA and it has been running since the organisation's foundation in 1951.

Our mission is to promote cultural understanding and co-operation amongst medical students and all health professionals through the facilitation of international student exchanges.

The exchange program offers medical students a unique educational and cultural experience in addition to the regular medical curriculum. It also helps to broaden the students understanding of medical and social conditions in different countries.

What does IFMSA professional exchange program mean?

Annually more than 6 000 medical students world-wide participate in IFMSA exchange program, where borders don't play the role. Medical students from over 90 countries meet and share experiences and information. Cultural exchanges. Friendship. Dialogue between countries. Cultural experience. Educational experience. International co-operation. That all means IFMSA Professional Exchange Program.

Is there a better example for the globalisation? Medical students travelling and sharing experiences, knowledge and improving manual skills in different countries. Meeting different health care system.

IFMSA exchange program is connected with the medical curriculum. More and more universities throughout the world are accepting IFMSA exchange program as a part of their medical curriculum or as a "non-formal education" of medical studies.

The aim of exchange program is not to promote medical students tourism. We are here to give each medical student opportunity to get a medical training abroad. We are here to give students opportunity to share knowledge with their foreign supervisors. We are here to give opportunity to each medical student to meet fellow colleagues in order to exchange knowledge, information about different health-care systems and about the medical curriculum. IFMSA is here to connect medical students world-wide.

IFMSA helps medical students' dream become true. Exchange program is an important tool to show the borders are not so important in international dialogue between medical students. So, explore more IFMSA exchange program, the unique opportunity for medical students world-wide.

In 2001 for more than 6 000 medical students from over 80 countries dreams became true and show that borders don't play a role in international dialogue between medical students.

In 2002 medical students involved in organising the IFMSA exchange program helped "MSI on Exchanges" dream became true.

Happy reading.

Jana Myndiukova
IFMSA SCOPE-Director 2001-2002
scoped@ifmsa.org
Medical Education And Student Exchange

There are many reasons why students participate in exchanges. Apart from learning more about medicine, some are using the opportunity to experience new cultures, see different parts of the world and of course, to meet new friends from far away. I was no exception when going to exchange for all these reasons.

Finally, arriving at my destination, the best month of my life began. With local and other international students, we shared many stories of our medical schools back home, and all came to the conclusion that students' problems around the world are similar: not getting enough sleep, exams being too hard and teachers wanting too much. On the other hand, our interests were similar as well: learn as much as you can in shortest possible time and party as much as you can. I guess all students our age around the world have similar aspirations.

Becoming the Director of Standing Committee on Medical Education (SCOME), didn't change my points of view very much. Growing older did. Now, in my final year of medical school, together with my international friends, I have come to the same astonishing conclusion: we don't stop being students with our graduation! On the contrary, for most of us, it will be the beginning of an even harder process of learning, compared to what we have had at medical school: life long medical education. Thinking about it I remembered my exchange again. This time, I didn't think of parties and social life (which were great by the way) but everything my friends have said about education. Everyone had a different method of learning, our medical schools had different systems, and in casual conversation we all got acquainted with them. As physicians of 21st century, every one of us has to find an optimal way of learning and measuring progress for themselves. The first-hand information about various types of medical education that you acquire during a student exchange will help you a lot.

We have improved the quality in our exchanges by signing, to my knowledge, for the first time in SCOME last year, contracts for a period of 2, 3 and 4 months, which will allow students to have a deeper contact with research and present their work in external scientific congresses worldwide.

Last, but maybe the most important, we are now working on the very first bylaws for our research group in AECS. We want to make sure all work and knowledge gained over the time will not get lost in the future.

I want to thank our SCOME Director, all NOREs, my "children" the LOREs and our exchange students who are making it all worthwhile!!!

Elisabet Esteve Manasanch
National Officer on Research Exchange 2000-2002
Spain-Catalonia, AECS
noreaecs@3xl.net
www.aecs.org

Nikola Borojevic
IFMSA SCOME Director 2001-2002
scomed@ifmsa.org
What is SCOPE?

IFMSA Professional Exchange Alphabet

A nniversary- A student exchange scheme was set up in 1951 by the Standing Committee on Professional Exchange (SCOPE), although the now-familiar common application form was introduced in 1968. In Denmark, August 2001 we celebrated the 50th anniversary.

B ylaws- The most important SCOPE document with all our exchange procedures an regulations, which each NMO should obey.

C urriculum- You might think Professional Exchange Program has nothing to do with your medical curriculum. Mistake! SCOPE has lots to do with medical curriculum, the clinical or pre-clinical exchange is connected with medical education. In most countries doing rotation abroad is a compulsory part of medical curriculum and also a big advantage for participating students training worldwide? Meting medical students from different countries, different health care systems, exchanging knowledge and experiences with foreign doctors, fellow colleagues through out the world...

H omepage- One of the most important marketing tools of SCOPE. Find a time to explore our website at www.ifmsa.org/scope or join our mailing list: ifmsa-scope-subscribe@yahooogroups.com

I nfluence- Medical training abroad is influencing students a lot. It also might help students to decide about specialization, influencing your study, trying new procedures and being independent during staying abroad.

J ourney- Let’s try SCOPE journey, unforgettable and invaluable experience!

K nowledge- IFMSA is giving to each medical student possibility to exchange experiences and acquire new skills, knowledge and inspiration for the work towards a healthier future.

L anguage- Clerkships are given in English or in the language of the country.

M edical Students’ International on Exchanges- Magazine dedicated just to IFMSA Professional Exchange Program’s activities, ideas, procedures and history, with the main goal to promote the youth educational exchange programs and non-formal education. IFMSA would like to promote to all medical students all over the world the possibility of participation in IFMSA exchange program, getting new educational, social and cultural experiences in different countries.

The MSI on Exchanges magazine will have an outreach to the 84 IFMSA members organisations in 80 countries, to potential NMOs and to external relations. We are working hard on that so..
**MSI on Exchanges goals:**

1) To promote the IFMSA activities among medical students and young people throughout the world via IFMSA National Member Organizations.
2) To promote the youth educational exchange programs and non-formal education.
3) Evaluation of IFMSA activities.
4) Documentation of IFMSA activities.
5) Importance and the benefit of IFMSA Professional Exchange program, benefits for medical students from the non-formal education (clinical and pre-clinical) organized by IFMSA.

**Expected outputs:**

1) To inform medical students throughout the world about the IFMSA and IFMSA Professional Exchange program.
2) To promote possibilities for medical students to participate in medical training program abroad.
3) MSI on Exchanges annual issue.

**Topics covered in MSI on Exchanges:**

- History of the IFMSA Professional Exchange program.
- IFMSA Officers pages- IFMSA President and IFMSA SCOPE Director.
- IFMSA introduction and statistics on exchange.
- Presenting the Exchange programs of each IFMSA’s National Member Organization.
- The expectations of the exchange programs in each continent.
- Evaluation of the Professional Exchange program.
- SCOPE projects.
- Future plans.
- Exchange experiences from students.
- The views of externals about the IFMSA Professional Exchange program.

**EWCOMERS:** more and more countries are joining IFMSA and SCOPE. Welcome!

**OPPORTUNITY:** Definitely, if you would like to try something both helping you with your professional career and also meeting new people, do not miss this opportunity!

**PROFESSIONAL EXCHANGE:** It is the exchange of medical students who undergo a medical practice in a hospital abroad. The student will perform his/her medical studies. Students will not receive a salary for their clerkship.

**QUALITY:** We are focusing especially on academic quality of the clerkship. The important part of our exchange program is evaluation, both by supervisors and students.

**ROTATION:** In 2001 6 327 medical students underwent a clinical or preclinical clerkship abroad. And everybody is looking for spending 4 weeks abroad in hospital with medical students throughout the world.

**SUBREGIONAL TRAINING:** Besides the main activity- organizing the Clinical and Preclinical clerkships, Standing Committee on Professional Exchange is working on Subregional Training Meeting, too. This international meeting is organised for the Local Exchange Officers/Local Officers on Research Exchange of different countries in order to reach the following goals:

- motivate the Local Exchange Officers/Local Officers on Research Exchange
- make the Local Exchange Officers/Local Officers on Research Exchange feel part of the IFMSA
- provide the Local Exchange Officers/Local Officers on Research Exchange with extensive information about the IFMSA and the participating National Members Organizations
- traine the Local Exchange Officers/Local Officers on Research Exchange
- share experiences and solving common problems faced be the Local Exchange Officers/Local Officers on Research Exchange
- collaboration.
Training - We are giving the opportunity to NEOs by "NEO Training" or "SCOPE pool of units" special training for every interested NEO, who would like to go on exchange and observe the work of the other NEO at the same time.

Unique Opportunity - for medical students worldwide: spending 4 weeks abroad and choose from a wide range of more than 80 different countries in 5 continents.

Volunteers - All National and Local Exchange Officers are working hard to organize IFMSA Professional Exchange Program at their countries, besides their studies, during the free time. Thank you.

Workshop - In 2001, the first ever SCOPE workshop was successfully held during the 50th IFMSA anniversary. The Future of Exchange workshop trained 55 NEOs how to improve SCOPE.

X, Y, Z - Now it is your turn to finish SCOPE alphabet...I am sure it won’t be a problem, you have all information about the IFMSA Professional Exchange Program.

Make a change, go on exchange!

Jana Myndiukova
IFMSA SCOPE Director 2001-2002
scoped@ifmsa.org

While we are working on an issue, we look for solutions behind the fog and cannot see that the actual solution is in our hands. Reading through Mariota’s (SCOPE Director 2000/2001) article in summer 2001 issue of VAGUS I felt it was pointing out the solutions in our hands. Her article was on how SCOPE feels isolated and what we can do to solve the problem by providing collaboration between IFMSA standing committees. Her article pulled my attention mainly because I agree with her totally.

How can we use more efficiently the international platform we ourselves have created in the IFMSA? We are all medical students and all standing committees reflect a part of us. Each standing committee can provide advantages to one another as we start to collaborate. An example for this could be collaboration among Standing Committee on Professional Exchange (SCOPE) and the Standing committee on medical education (SCOME). Exchange is obviously one of the most important topics that are held in IFMSA because exchange carries IFMSA and medical students to an international level. "Internalization" - a concept that we are trying to catch in medical education as SCOME. Working on improvement of medical education will give medical students the chance to be viewed as medical students all around the world. When we observe the situation from the side of IFMSA, SCOME is important to carry what we are doing to a level recognized by authorities in medical education.

Keeping all these in mind, SCOME team is getting prepared to collaborate with SCOPE on a new project. Lately, SCOME is involved in a project of collecting curriculum databases, so this would give us a chance to see the different curricula being conducted in different medical schools around the world-and in a country. This will give us a chance of comparison. But who are the ones that are to be able to do comparison the best? We believe that this question can be answered as “the ones who experience the difference”. These are the medical students to whom SCOPE give the chance to experience
the systems in different medical schools by the exchange program. National officers on medical education, National exchange officers, Local officers on medical education and Local exchange officers can easily work together for filling out the questionnaires that would include questions regarding to the curriculum differences or similarities.

SCOPE has definitely a great responsibility for giving the advantage to medical students to live the universal side of their future occupation. Although they carry this responsibility, there is a feeling that SCOPE is not completely understood. Would you agree that this may be mainly because the contribution of SCOPE to medical education is not well understood? Exchange program that SCOPE offering is not accepted in many medical faculties. And SCOME is the one that can explain the importance of such a program for a "universal" doctor.

Maybe this is an example of collaboration between SCOME and SCOPE. Yet such examples could be increased among other standing committee and SCOME or even between all other SCs, giving us - the IFMSA - the chance of working more efficiently. I remember an American - Indian saying that one of the TurkMSIC NEOs used to say: "Divided we fall. together all. STANDING TALL."

Nergiz Dagoglu, Turkey
SCOME columnist
nergizdagoglu@hotmail.com
Who may participate in IFMSA Professional Exchange Program?

A basic IFMSA Professional Exchange calendar

This is a basic calendar you can use to orientate yourself in the SCOPE year. This calendar is based on the European academic year. Please, check with your Local Committee for all the deadlines and the necessary documents.

**September - Early January:** Time for Local Committees to advertise the Clerkship programs. During this time the Local Exchange Officers also select the students to send abroad. Please check with your National Association about the criteria and the exact time of selections. Most probably you will be asked to show your knowledge of a foreign language (English but also some others), to ask the university for some certificates, to take some pictures...

**January - February:** Usually a quiet period for students, since National and Local Exchange Officers work on your documents to send abroad. Please have all the papers ready by the beginning of February as they will need to be sent to your host country.

**March:** Early in March all the National Exchange Officers get together for an international meeting (IFMSA March Meeting). During this meeting the Application Forms market is done. This means that your National Exchange Officer arrives at IFMSA March meeting with a pile of outgoing AFs, and returns home with a pile of incoming AFs.

**April - June:** During these months your National and Local Exchange Officers are working to settle incoming students. The result of their work will be the Card of Acceptance (CA). At the same time another National Exchange Officer and another Local Exchange Officer are working on your Application documents. Depending on when you will start your Clerkship you will receive the Card of Acceptance (CA). This is the period when most of them are issued and sent from the "incoming" National Exchange Officer to the "outgoing" National Exchange Officer.

**June - July:** You prepare for the Clerkship. By this time you should have received the Card of Acceptance. As you can easily check, you have to fill in a Card of Confirmation (CC) and a rules form that you have to send back directly to the hosting Local Committee. Pay attention to the deadline!

**August:** There is the IFMSA General Assembly (GA) here the main part of the contracts for next exchange year are signed.
Responsibilities of an exchange student

All the exchange students are responsible for their own actions while attending the clerkship in the host country. The students must also abide by all the rules that the Local Committee and the Local Exchange Officer set up for the clerkship. The local committee has a contract signed with the exchangees upon arrival, the SCOPE Rules Form, to make sure that the students are aware of the conditions under which the exchange is carried out. It can be simple things like cleaning up the room after the clerkship’s end, as well as working hours at the hospital etc.

It is very important that you are aware of the time period of exchange. The exchangee must arrive within the first four days after the start of the Clerkship or it will no longer be guaranteed. If you plan to arrive later due to logistical problems, then you should notify the local committee well in advance. You are also obliged to stay for the whole period of exchange if no other agreement has been made with the LEO.

At the hospital the exchange students must always follow the instructions of the supervising doctor. He/she will determine what the exchangee should be allowed to do and perform during his/her stay in the department. The working conditions for the students will differ a lot from department to department and country to country. The hospitals have different rules when it comes to allowing students to participate in surgery for example, due to their insurance policies, general rules at the departments etc. Your behaviour will of course also have a great impact on how much you will be allowed to perform. The more responsible and interested impression you give to the doctors the more interested they will be in engaging you in patient activities.

If the rules of the Local Exchange Officer and the supervising doctor are not followed, the exchange student has no right to continue the Clerkship any longer. The Local Exchange Officer has the right to send you back home without compensating you for any of the extra expenses that you might have. It’s important therefore that you are aware of all the rules and their importance since the consequences of breaking them can be serious. Another consequence of not following the regulations in the local committee is that the Local Exchange Officer can deny you your SCOPE Certificate, which means that you won’t have any official proof of participating in the exchange.

Exchange students are responsible for their own health and well-being in the host country in case of an accident or other problems.

To avoid these difficulties as much as possible the National Member Organisation exchange conditions often states that the exchange students must have valid health insurance to be able to attend the Clerkship. Some countries also demand a malpractice insurance for the exchange before allowing the exchangee to attend the hospital. If health insurance is asked for attending the Clerkship it is up to the student to arrange it before arriving at the local committee. If in some rare cases malpractice insurance is needed to participate in the work at the hospital, then the National Exchange Officers in the host country should help the incoming exchange student to arrange it either through direct contact with him/her or through the other National Exchange Officer.
**General Exchange students' regulations**

- The Exchangee should present the Card of Acceptance or a copy of it to the person in charge upon arrival to the host country.

- The Exchangee is obliged to attend the clerkship for its whole duration.

- The Exchangee must strictly follow all the instructions given by the department and the Local Committee. Failure to do so may result in cancellation of the remaining clerkship and losing all his/her rights without compensating for any of the extra expenses that exchangee might have.

- Exchangee should arrive the first day of the clerkship, and never later than 3 days after the commencement of the clerkship. If failing to do so, and do not informing the Local Committee about it, the clerkship is no longer guaranteed. The dates are defined on the Card of Acceptance.

- When accepting the clerkship, the Exchangee guarantees by signing the Card of Confirmation to arrive on the date agreed upon with the Local Committee of the hosting organisation. Any change or delay must be reported and agreed upon with the Local Committee of the hosting organisation.

- The Exchangee is responsible for his/her own health/liability insurance. The insurance has to be arranged by the Exchangee before leaving his/her country. The Exchangee is responsible for paying any costs in case of illness or accident.

- The Exchangee shall be responsible for any financial loss caused by any breach of his/her contract that he/she effects.

- The Exchangee has to show the adequate knowledge of English language or the native language of the host country or the language agreed upon in order to carry out the clerkship, otherwise he/she can be refused in the host country and excluded from exchange program.

- The Exchangee must return the Card of Confirmation no later than one month before the beginning of the clerkship. If it is not received, the NMO has the right to cancel his/her clerkship.

- In case the hosting NMO is not fulfilling its obligations towards the Exchangee, the student is obliged to discuss the problems with the Local Committee and the tutor first, and to inform his/her own Local/National Exchange Officer immediately.

- No additional costs can be raised from the Exchangee in the host country unless indicated in the Exchange Conditions.

- The Exchangee must abide by the SCOPE regulations or the exchangee will be rejected upon arrival or during the course of the Professional Exchange Program.

- There are special exchange conditions for each country. Please consult it with your Local/National Exchange Officer.

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*Jana Myndiukova*

IFMSA SCOPE Director 2001-2002

[scoped@ifmsa.org](mailto:scoped@ifmsa.org)
The World
Standing Committee on Professional Exchange (SCOPE)

The Standing Committee On Professional Exchange (SCOPE) is the first created IFMSA Standing Committee. It constitutes the largest exchange program within IFMSA and it has been running since the organisation’s foundation in 1951.

Brief history of SCOPE

A student exchange scheme was set up in 1951 by the Standing Committee on Professional Exchange (SCOPE), although the now-familiar common application form was introduced in 1968. In 1956, 11 countries and 906 students participated in SCOPE exchanges, while in 1957, 18 countries participated.

In 1958 the Committee On Transatlantic Exchange (COTE) was established to arrange exchanges between European and American medical students. In 1959 the detailed regulations of these exchanges were set up. Later on, this committee was incorporated into SCOPE.

In 1966, 35 countries participated in the SCOPE exchanges and by 1980 more than 3 000 students went on SCOPE exchange program. In 1990 the numbers were up to over 4 000 students from 39 different countries.

At the same time "Electives" were added to the normal range of clinical clerkships organized by SCOPE. In 1986 the Standing Committee on Elective Exchange (SCOEE) was founded, which in 1998 changed its name to the Standing Committee on Research Exchange (SCORE).

In 2001 78 countries were involved in IFMSA SCOPE. In all these countries, there are 1003 Medical schools and 676 of them have IFMSA Local Committee.

The mission of SCOPE

The mission of SCOPE is to promote cultural understanding and co-operation amongst medical students and all health professionals, through the facilitation of international student exchanges.

The exchange program offers students a unique educational and cultural experience in addition to the regular medical curriculum. It also helps to broaden the students understanding of medical and social conditions in different countries.

In 2001 over 6 600 international exchanges were made, and 78 countries throughout the world took part in SCOPE.

The Professional Exchange is defined and regulated in the Standing Orders of SCOPE. A professional means an exchange of a medical student who undergo a medical practice in a hospital abroad. This practice, named clerkship, is purely educational for the student and he/she will not receive a salary for it.

There are two types of clerkships offered in SCOPE:

1) A Pre-clinical Clerkship: is defined as the stay of a student working or studying in a pre-clinical department at a medical faculty/school or hospital.

2) A Clinical Clerkship: is defined as the stay of a student in a clinical department of a hospital or clinic, or attached to a general practitioner.

Clerkships can be offered basically in all clinical and pre-clinical fields of medicine.

The duration of a clerkship is four weeks. Clerkships are given in English or in the language of the country.

Contracts among organizations, members of IFMSA, can be signed on bilateral or unilateral basis.

Bilateral contract: IFMSA member, participated in SCOPE is supposed to host student from another organization for free of charge. The student of hosted country will be also accepted free of charge to his/her desired country.

Bilateral exchanges are the basis of the IFMSA exchange program.

Unilateral contract: Only the students from one organization will take part in the program. Special conditions may be specified in the contract.
form. Student should pay all expenses to the host organization.

For both bilateral and unilateral exchanges students should cover the insurance, travel expenses and pocket money by themselves.

At the end of the clerkship after fulfilling all exchange program’s conditions, student will obtain the SCOPE Certificate.

**Structure of a National Exchange Program**

The basis for exchange is the bilateral exchange contracts that are signed on IFMSA’s General Assembly in August between two National Exchange Officers of two different countries, IFMSA National Members Organisations. The contract will decide how many students, units, which will be exchanged during the coming year between the two countries.

The National Exchange Officer (**NEO**) is responsible for the exchange as a whole on both the national and international level. This means besides signing the bilateral exchange contracts, he/she administers the application procedure for the students applying for a clerkship from the own country. He/she communicates with the other NEOs of information about acceptance of students for clerkship. The NEO is also the person who communicates with the local organising committee within his/her organization and takes care if exchange program is carried out according to the contract.

The Local Committee receives the exchange students. A local committee usually constitutes one medical school or faculty. Nowadays there are 676 Local committees involved in IFMSA activities. The actual exchange work is carried out here. The Local Exchange Officer (**LEO**) is in charge of arranging board and lodging for the incoming student, which it given to the student free of charge on a bilateral basis. It means that the students going from this country will be offered the same services for free when they are in their exchange country. The local committee also supplies the student with the appropriate contacts with a supervising doctor at the hospital for the rotation in the ward.

There are several other ways to accommodate the exchangees. Sometimes students live in student dormitories, doctors’ homes or in ordinary families. In such cases the registration fee that the national exchange committee charges their outgoing students going abroad helps to cover the expenses that the local committee has for the incoming students.

The local committee is also responsible for arranging a social program for the exchange students. It is meant to help the exchangees to get acquainted with the hosting country, its traditions and cultures. The social program varies a lot depending on country, city and season.

Each organization participated in IFMSA SCOPE should have own Exchange conditions, describing organization’s SCOPE rules and conditions.

**Jana Myndiukova**  
IFMSA SCOPE Director 2001-2002  
scoped@ifmsa.org
Besides the main activity- organizing the Clinical and Preclinical clerkships, Standing Committee on Professional Exchange is working on:

**SCOPE activities**

### SUBREGIONAL TRAINING MEETING (SRT Meeting)

**What is a Subregional Training Meeting?**

A Subregional Training Meeting is an international meeting organised for the Local Exchange Officers/Local Officers on Research Exchange of different countries in order to reach the following goals:

**SRT Meeting's goals:**

- Motivating the Local Exchange Officers/Local Officers on Research Exchange
- Making the Local Exchange Officers/Local Officers on Research Exchange feel part of the IFMSA
- Providing the Local Exchange Officers/Local Officers on Research Exchange with extensive information about the IFMSA and the participating National Members Organizations
- Training the Local Exchange Officers/Local Officers on Research Exchange
- Sharing experiences and solving common problems faced by the Local Exchange Officers/Local Officers on Research Exchange
- Collaborating
- Having fun!

Subregional Training Meeting is organized by National Member Organization, which volunteered to host National/Local Exchange Officers from neighbouring countries.

The main part of the program is improving SCOPE in specific region and finding out the ways of collaboration between participating National Members Organizations.

### Medical Students International on Exchanges (MSI on Exchanges)

The main goal of the "Medical Students International on Exchanges" magazine is to promote the youth educational exchange programs and non-formal education. The IFMSA would like to promote to all medical students all over the world the possibility of participation in the IFMSA exchange program, getting new educational, social and cultural experiences in different countries.

IFMSA is giving to each medical student possibility to exchange experiences and acquire new skills, knowledge and inspiration for their work towards a healthier future.

Publication of the issue of "Medical Students International on Exchanges" (MSI on Exchanges), the thematic magazine of IFMSA on the theme medical students' exchanges is dedicated to the Standing Committee on Professional Exchange (SCOPE) activities, ideas, procedures and history.

The MSI on Exchanges magazine has an outreach to the IFMSA members' organizations in more than 90 countries, to potential National Member Organizations and to external relations.

**MSI on Exchanges goals:**

1. To promote the IFMSA activities among medical students and young people throughout the world via IFMSA National Member Organizations.
2. To promote the youth educational exchange programs and non-formal education.
3. Evaluation of IFMSA activities.
4. Documentation of IFMSA activities.
5. Importance and the benefit of IFMSA Professional Exchange program, benefits for medical students from the non-formal education (clinical and pre-clinical) organized by IFMSA.
**Expected Outputs:**

1) To inform medical students throughout the world about the IFMSA and IFMSA Professional Exchange program.
2) To promote possibilities for medical students to participate in medical training programs abroad.
3) MSI on Exchanges annual issue.

**Topics Covered in MSI on Exchanges:**

- History of the IFMSA Professional Exchange program.
- IFMSA Officers pages - IFMSA President and IFMSA SCOPE Director.
- IFMSA introduction and statistics on exchange.
- Presenting the Exchange programs of each IFMSA’s National Member Organization.
- The expectations of the exchange programs in each continent.
- Evaluation of the Professional Exchange program.
- SCOPE projects.
- Future plans.
- Exchange experiences from students.
- The views of externals about the IFMSA Professional Exchange program (e.g. UNESCO, UNICEF, WHO and WMA, WFME).

**Dissemination:**

Medical Student International on Exchanges magazine is distributed to:

- a) Medical students via the IFMSA member organizations.
- b) Governmental agencies and non-governmental organizations which are working in related fields.
- c) Medical libraries,
- d) Other medical students’ organizations,
- e) Students’ conferences, meetings, workshops,
- f) Sponsors.

**Electronic Exchange System (e-ex system)**

We are currently developing the IFMSA SCOPE electronic exchange system. Besides the benefits for National/Local Exchange Officers, students will be able to register online for the IFMSA Professional Exchange Program.

The parts of the E-ex system are: Local Exchange Officer database, Local Committee database, National Exchange Officer database, Contact person database and other parts which are saving us lots of time and improving the IFMSA Professional Exchange Program application procedure.

*Jana Myndiuikova*
IFMSA SCOPE Director 2001-2002
scoped@ifmsa.org

**Target Group:**

Medical students throughout the world.

With the Medical Students International on Exchanges we want to reach every medical student in IFMSA member countries and in IFMSA potential member countries.
SCOPE Frequently Asked Questions

What is SCOPE?

The Standing Committee On Professional Exchange (SCOPE) is the first created IFMSA Standing Committee. It constitutes the largest exchange program within IFMSA and it has been running since the organisation’s foundation in 1951.

SCOPE is the most effective mechanism through which medical students can study internationally through IFMSA. In 2001, over 6 600 international exchanges were made and 78 countries took part in SCOPE.

SCOPE has been in operation since IFMSA’s founding, and it has always been the backbone of IFMSA since its foundation. After World War II, there was a common feeling among medical students on surpassing borders; this was the main reason to set up this exchange program, which has been the core and the backbone of IFMSA since its beginning.

How can I take part in SCOPE?

Participation in the IFMSA Professional Exchange Program is open to medical students who must be a member of one of our National Member Organizations.

If you would like to apply for the IFMSA Professional Exchange Program you must apply through your National Member Organization.

If you are from a country where IFMSA is already represented, you should contact them. Please contact your Local/National Exchange Officer who will provide you with all necessary information how to apply for IFMSA Professional Exchange Program.

If your country is not represented here, maybe you want to be the first to create a medical student’s organisation and apply for IFMSA membership. In that case, contact us at seccen@ifmsa.org, and IFMSA Secretary General will inform you on the procedures and also address you to IFMSA Newcomers Task Force.

Who may NOT participate in IFMSA Professional Exchange Program?

The IFMSA Professional Exchange Program is eligible just for medical students. We do not accept doctors for IFMSA Professional Exchange Program.

Which countries do participate in IFMSA Professional Exchange program?

In 2001 78 countries were involved in SCOPE. Please check our National Member Organization list at www.ifmsa.org

What is the aim of SCOPE?

The SCOPE mission is to promote cultural understanding and co-operation amongst medical students and all health professionals, through the facilitation of international student exchanges.

The exchange program offers students a unique educational and cultural experience in addition to the regular medical curriculum. It also helps to broaden the students understanding of medical and social conditions in different countries.

The aim of a clerkship is NOT:

- To provide an opportunity for the purpose of earning money
- A holiday
- Intended to be a permanent career placement or recruitment opportunity in another country
- A vehicle for any person to permanently leave their country and territory
SCOPE Frequently Asked Questions

What kind of clerkship can I choose from?

There are two types of clerkships offered in SCOPE:

A Pre-clinical Clerkship: is defined as the stay of a student working or studying in a pre-clinical department at a medical faculty/school or hospital.

A Clinical Clerkship: is defined as the stay of a student in a clinical department of a hospital or clinic, or attached to a general practitioner.

Besides that, clerkships are divided between BILATERAL and UNILATERAL.

Bilateral contract: IFMSA member, participated in SCOPE is supposed to host student from another organization for free of charge. The student of hosted country will be also accepted free of charge to his/her desired country.

Bilateral exchanges are the basis of the IFMSA exchange program.

Unilateral contract: Only the students from one organization will take part in the program. Special conditions may be specified in the contract form. Student should pay all expenses to the host organization.

How long does clerkship last?

The duration of a clerkship is four weeks.

What is the official language of clerkships?

Clerkships are given in English or in the language of the country. The Exchange student has to show the adequate knowledge of English language or the native language of the host country or the language agreed upon in order to carry out the clerkship, otherwise he/she can be refused in the host country and excluded from exchange program.

If I undergo a clerkship abroad, is academic recognition available?

Academic recognition is available for clerkships varying from country to country. Check it with your university.

Will I get salary for a clerkship?

Clerkship, is purely educational for the student and he/she will not receive a salary for it.

What are the responsibilities of exchange students?

Please have a look at exchange student responsibilities page at www.ifmsa.org/scope or at www.ifmsa.net/public.

What are the exchange arrangements?

Please check the Exchange conditions of each country at IFMSA SCOPE exchange conditions database at www.ifmsa.org/scope or at www.ifmsa.net/public.

What are the clerkship daily routine?

During the clerkship student will live cheek to cheek with foreign medical students, he/she will deal with a different health care system, and will learn from foreign tutors.

Exchangees will meet a doctor at the desired department who, later, acts as your mentor. Depending on the level of student’s knowledge he/she can participate in daily health care delivery.

What disciplines are available?

Clerkships can be offered in all clinical and pre-clinical fields of medicine. Please check the Exchange conditions of your desired country at www.ifmsa.org/scope or www.ifmsa.net/public.

When can I apply for IFMSA Professional Exchange Program?

Please contact your Local/National Exchange Officer who will inform you about deadlines and the application procedure.
Do I need to have insurance during the clerkship period?

Proof of health insurance must be provided before the student can start his/her clerkship. Some countries also require a certificate of malpractice insurance. The Exchangee is responsible for his/her own health/liability insurance. The insurance has to be arranged by the Exchangee before leaving his/her country. The Exchangee is responsible for paying any costs in case of illness or accident.

IFMSA does not provide health insurance or malpractice insurance to students.

Does it cost anything?

The clerkship application fee varying from country to country. The application fee includes boarding, lodging, and tuition for a one-month rotation. Please contact your Local/National Exchange Officer for more details.

For both bilateral and unilateral exchanges students should cover the insurance, travel expenses and pocket money by themselves.

What if I have more questions about SCOPE?

The IFMSA SCOPE Director would love to hear from you if you have any questions: scoped@ifmsa.org

Jana Myndiukova
IFMSA SCOPE Director 2001-2002
scoped@ifmsa.org

Could clerkship be an answer...?

The first sentence in an article from Lancet 2001; 358
"Bringing global issues to medical teaching" says:
"Globalization is accelerating and is forcing us all to realize that we cannot isolate ourselves from international issues"

International trading, migrations and tourism are some of the causes of globalization. Very fast spread of diseases; people with different heritage living in the environments where they do not come from, pollution, poverty... Fortunately, there is some good news as well. One of them is sharing information between more and less experienced people that is not just possible but also very fast. Globalization is a two way street, good and bad, and in order to walk on it the best we know - we have to learn as much as we can about the world around us.

Imagine almost 70 counties, thousands of students per year involved with clerkships, National Exchange Officers, Local Exchange Officers, regular students that you meet on clerkships, thousands of patients seen, thousands of doctors helping us to make clerkship what it is - a place to learn more.

What can we learn on clerkship? Well, maybe you would like to be a surgeon, spending hours watching operations with highest technologies in some super hospital in the overdeveloped country, and yet, you may want the same and actually be in some poor environment where you will learn how to perform the same operation in impossible conditions. Any place you choose you will meet people who are different than you are, who are coming from another country or a continent, who belong maybe to a different religion, different tradition. You will meet, pass your knowledge to each other and go home for sure with new understanding of the world, maybe even not knowing it. That is our contribution to the peace, understating among people and improvement of health.

Henrietta Bencevic
IFMSA Liaison Officer WHO 2001-2002
hbencevic@hotmail.com
SCOPE mission statement*

To promote cultural understanding and co-operation amongst medical students and all health professionals, through the facilitation of international student exchanges.

**Goal 1**

To provide for all medical students throughout the world an opportunity to participate in the IFMSA professional exchange program

**Objectives:**

1.1- To distribute IFMSA Professional Exchange posters and leaflets to all medical schools through the National Exchange Officers.
1.2- To distribute the IFMSA SCOPE Newsletter- ‘MSI on Exchanges’ to each medical faculty throughout the world.
1.3- To disseminate information about the SCOPE via the internet and by updating the SCOPE homepage.
1.4- To distribute the SCOPE e-newsletter monthly to all subscribers of the SCOPE mailinglist: ifmsa-scope@yahoogroups.com

**Goal 2**

To provide medical students with the opportunity to share experiences with colleagues worldwide.

**Objectives:**

2.1-To provide medical students with the opportunity to undergo a 4-week clerkship abroad throughout the year.
2.2-This opportunity gives students new insight on the practice of medicine around the world.

**Goal 3**

To offer medical students a unique educational and cultural experience in addition to the regular medical curriculum.

**Objectives:**

3.1- The professional exchange program has long influenced the medical education of students throughout the Federation, by providing them with exposure to different health care systems.
3.2-To understand the curricular requirements of a clinical exchange program.
3.3-To understand the importance and benefit an exchange student may gain from a clinical or a pre-clinical clerkship taken abroad.

**Goal 4**

To increase the academic quality of both clinical and pre-clinical exchanges.

**Objectives:**

4.1-To set standards for improving the academic quality of exchanges.
4.2-To assess the IFMSA Professional Exchange Program through evaluations forms for both students and supervisors.
4.3-To increase international co-operation and improve both evaluation and feedback so as to continually improve the practices of countries participating in SCOPE.

**Goal 5**

To improve the IFMSA Professional exchange application procedure and logistics.

**Objectives:**

5.1 By providing students with the chance to register online through an electronic-exchange system
5.2 To train National Exchange Officers in a variety of internet and cyber media skills.
5.3. By distributing SCOPE manuals to National Exchange Officers.
5.4. To provide general information on how to reach decision makers and larger audiences when promoting SCOPE.

*Adopted by 51st March Meeting, Kopaonik, Yugoslavia, 2002*
Sudan is the biggest country in the heart of Africa. Its area is about one million square miles, with a population of about thirty million. It is described as a multi-national & multi-cultural country, as there are about 57 local languages and accents, distributed throughout the area. The Anthropologic map of Sudan. Shows a high multi-nationality, that over 60% of the population is a mixture of Arab people who immigrated from Arabic semi-islands and the local African inhabitants giving a result of a unique mixture. The remaining 40% are tribes who are still pure African.

**Exchange programme in Sudan**

In 1969 we registered the Sudan Medical Students Association (SMSA) as a member of the IFMSA, and since then hundreds of Sudanese medical students have benefited from this programme through participation in clerkships in different countries all over the world. At the same time, a number of incoming students visited Sudan.

The first NEO was Mr. Elsir Hashim (he is a famous professor of pediatrics now). He established the base for the recent programme. "It seems as if it was yesterday, every thing was difficult - the only available way for communication was via post. Even telephones weren't so spread like today, but despite of that, it was a challenge for us to make it" - these were his words in a conversation with him for the local magazines.

Now the picture is vastly different from 1969, some local committees have been added, more Local exchange officers (LEOs) involved, and so accordingly, it became more attractive, accurate and useful.

In Sudan we have three local committees, the main one (headquarter) is in the capital, includes: Universities of Khartoum, Juba and Alahfad. The other two include the Universtiy of Geizaeera in Wad-medani and one in Elobied (University of Kordodfan).

As in most countries, all clinical fields are available except Psychiatric medicine which is only available for students who can speak Arabic.

There are interesting clerkships with helpful professors and clinical departments that help students through direct supervision of Associate professors.

In Sudan there is a golden opportunity to study Tropical diseases which are endemic in Sudan, and this is through huge number of cases who usually come to National Tropical Diseases Hospital. These diseases include: TB, Malaria, Leishmeniasis, schistosomiasis and some case of sleeping sickness. There is also The National Institute for Endemic and Epidemic diseases which provides the modern ways of research beside clinical and laboratory diagnosis of these diseases with collaboration of many expert doctors who had been working for a long time in the field.

In the capital (Khartoum) there are about 7 teaching hospitals for training clerkships, in addition to 4 hospitals in the two other cities. There is another useful way of training whereby doctors and medical students are directed on medical tours to far areas and regions in Sudan providing a complementary health service for local inhabitants. It is a good chance for approaching rare cases that are un available in big cities, in addition to other benefits like visiting the amazing Sudanese countryside.

The complementary part of the educational process is the social programme, which is provided by the local committees. In Kahrtoum the social programme includes: visits to museums and other historical sites in the capital, besides a wonderful Nile trips to see the combination of White and Blue Niles. In addition to some other interesting things like Dervish Dancing and traditional wedding parties. In the weekends there are trips outside the capital and mainly to the Merwwaie pyramids and Royal city where the great kings
of old Nubian countries are buried, this includes night camping in the desert under the stars.

In the other two cities, the programme is a bit different, including welcome parties, visits to the tourism sites like: El-dinder International Park in the south-east of Sudan about five hours by bus from Khartoum. There is another trip that can be organized to Jabal Marrah, a high mountain in the west of Sudan where the real beauty of nature can be seen.

Finally when you come to our country remember two things:

- if you like the country, don’t forget to drink from the river Nile (as we have a saying said who drinks from the Nile MUST be back to it again)
- Most probably you will go back home infected with Africa sickness, as that you get use to it, you miss it very much.

Eltath Abdelraheem
Sudan Medical Students’ Association
National Exchange Officer
drelfatih@hotmail.com
America
The health care system in Quebec is public and provides any required medical care for free to all of its citizens. Thus, doctors treat every patient without any distinction on race, religion or social class. It also means that every doctor must keep in mind the "cost-effective" issue when the time comes to suggest a treatment.

Now, about medical students... Very early in their medical training, students are asked to intervene in a clinical setting. Moreover, since Quebec doesn't have enough doctors, clinical students are quickly asked to take more and more responsibilities. Quite often, clinical students receive the care of some patients. It is believed that the learning is better when you try instead of simply watching. The health care setting puts a lot of trust in students, they are considered as part of the treating team. As a matter of fact, students are not alone by themselves: there is always a doctor on hand who supervises them. Being a clinical student in Quebec is hard, but can give provide lots of interesting learning opportunities.

Exchange students who attend clinical clerkship in one of the four universities in the province will be considered just like Quebecois students. That is why our language requirements are important: exchange student must be able to communicate adequately with their patients. Most of our places are in our three French-speaking universities (Université Laval in Québec City, Université Sherbrooke and Université de Montréal). We have a fourth university, also in Montreal, which is for English-speaking students (University McGill).

Quebec students and doctors don't only work... Quebec is a wonderful mix between nature and culture. Exchange students will find in their clerkship cities all the urban activities and nightlife they want; but never too far away, forest and wild rivers are waiting! Quebec culture is so unique: mainly francophone, it received influences from the Native, the French and the English cultures, but also from the Irish, Haitian, Chinese and every other cultural community who made Quebec their new homeland. Quebec people are warm and welcoming. Described as "bon-vivant": they simply like to enjoy life.

Marie-Eve Bascaron
National Exchange Officer
IFMSA-Canada, Quebec
neoquebec@yahoo.ca
www.faemq.qc.ca
Guatemala is a very small country located in Central America, with approximately 12 million inhabitants. Having 23 ethnic groups, makes the total population a multicultural, multiethnic and multilingual country. 60% of the population are Indians, that still keep their ancestral tradition and customs, from the religion and clothing, to the food and language.

Tikal, Peten, the most important city in the Maya Culture is located in the tropical rainforest, and is where the pyramids were discovered in 1853. Tikal is considered Human Heritage. It is located 540km away from Guatemala City. It is simply magical, the sensation of being on top of the pyramids, contemplating the beautiful view.

Guatemala has a wonderful climate all year round, having only two seasons: sunny or dry season, from November to April and the rainy season from May to September. We have a variety of climates, some regions of the country are dessert-like, others are Tropical Savannah. The Sierra Madre Region (is a chain of mountains) is very cold, and of course the Pacific and the Atlantic coast regions, where you can get a tan any time of the year. Guatemala is one of the few countries in the world where you can find volcanic black sand beaches.

SAMS was born in the Faculty of Medicine of the Universidad de San Carlos in 1996, one of the five Universities founded in America by the Spanish conquerors during the 1700’s. At the beginning it represented only a small group of students interested in research. After the 49th General Assembly in Porto, Portugal in which Guatemala participated as an observer, the association decided to open its arms to all medical students of the country and became what it is today.

In Guatemala there are only three medical schools, that are the Universidad de San Carlos de Guatemala, Universidad Francisco Marroquin and Universidad Mariano Galvez. Each school is represented in SAMS.

In Guatemala the medical students are able to work directly with patients in the areas such as surgery and obstetrics, and depending on the hospitals policies, the students are able to do minor surgical procedures and deliver babies as soon as they feel secure enough. Guatemala’s policy is that you learn by doing the procedures. There is always a friendly atmosphere and lots of opportunities to work and learn.

SCOPE will be responsible of organizing the students who apply for professional exchanges. The program will include all four general areas of General Medicine, Tropical Medicine, Cardiovascular Surgery, Neurosurgery, Tropical Dermatology, Radiology, Pediatric Oncology and Preclinical areas if ask. The students who choose Guatemala City, Quetzaltenango...
and Antigua will be attending hospitals. These two cities are in the rural area. Antigua is 40 km. away from Guatemala City, Chimaltenango is 50 km and Quetzaltenango is 190km.

Antigua Guatemala is a wide door to our past. It was founded during the Colonial Era in March in 1543. Born in a cataclysm, cradled in calamity, it was destined to die in a catastrophe, but time keep it intact, struggling through out time to survive. It rich Baroque as a result of the clash between two cultures: Maya and Spanish.

Chimaltenango is a very special community in which the majority of people are Indians. This place also gives the student the opportunity to learn about another culture and come in close contact with the Mayan Indians.

SAMS is also working in the planning of projects such as teenage pregnancy prevention, condom use and awareness of organ donation. Hopefully, by March or April 2002, the majority of these projects will be put into action. We welcome you to join the adventure with us.

Rosa Isabel Escamilla
SAMS, President
riescamilla@hotmail.com

Roman Carlos
SAMS, NEO Assistant
romanchos@hotmail.com
Asia
We offer one of the best exchange opportunities students can have in their lifetime. Students can study and enjoy at the same time. We Indians, the biggest democracy in the world, have crossed the population of 1 billion in the year 2000. Here in India we have more than 150 medical universities which are recognized by the government of India and about 75 unrecognized medical universities.

We are a developing country and are facing the same problems a developing country faces, such as a population explosion and a huge burden of disease.

**Scope of study in India**

Due to the big burden of disease, medical institutes and hospitals both private as well as governmental - are flocked with patients presenting with complaints ranging from common fever to carcinomas, tuberculosis and AIDS, tropical diseases and many more conditions which are rare to see in Europe and the States. All the teaching and the discussions are carried out in English with local as well as exchange students, so there is no language barrier for students knowing English. Depending upon the interest of the students and their interaction with the department they may be allowed to carry out certain procedures in the operating theatre. On one hand we provide 5 star medical facilities and tertiary care, on the other hand we have traditional medicine like ayurveda which is doing wonders all over the world. Soon we will be starting exchanges in ayurveda also.

**Fun activities**

We are a huge country from Kashmir to Kanyakumari, with a lot of engrossing sites. There are 56 languages spoken all over India and people belonging to different cultures and beliefs. Kerela one of the most beautiful states in India has already been recognized as one of the top 10 places to see in the whole world. The Taj Mahal one of the wonders of the world here in Agra, Red Fort of Delhi; Golden Temple in Amritsar; Thardesert, Rajasthan; Mysore, Vrindavan Gardens, Leh ladakh, Manali, Darjeeling, Shimla are some the many wonderful places to visit.

Learning Yoga is an opportunity not to be missed opportunity when you visit India. If you are lucky you can go to Himalayas and do some trekking there and enjoy among the biggest and tallest range of Mountains in the world.

**Hope to see you all in India soon.**

Mohit Singla  
NEO-IMSO-India  
mohitsingla@glide.net.in
A glance:
- Official name: Republic of Estonia.
- State order: Parliamentary republic.
- Population: 1 500 000 inhabitants
  61% Estonians, 30% Russians and 9% others.
- Capital: Tallinn (442 000 inhabitants).
- Major towns: Tartu (109 100), Narva (80 300), Kohtla-Järve (70 800), Pärnu (52 000).

Estonia and Estonians:
Estonia is slightly bigger than Belgium, Denmark or the Netherlands. It lies along the Baltic Sea, just below Finland. Tallinn, Estonia’s capital city, is only about 40 miles south of Helsinki, across the Gulf of Finland. Sweden is Estonia’s western neighbour across the Baltic. Russia is to the east, with St. Petersburg just across the north-eastern border. To the south is Latvia.

A leading Estonian psychiatrist Anti Liiv says: “An Estonian’s motto for behaviour is: ‘May your face be as ice. It’s better not to say anything because, as America’s police say, anything you say can be used against you.”

Tallinn:
Tallinn is best known for its mysterious medieval capital Tallinn, one of the best preserved medieval cities in Europe. “Tallinn ... a town of pewter-coloured steeples, red roofs, quaint alleyways, numerous towers like gigantic pepper boxes and a treasure of medieval architecture,” The Manchester Quarterly, 1933.

Estonian language:
Estonian is a Finno-Ugric language, closely related to Finnish. You’re unlikely to get far with learning Estonian in a short visit - its nouns decline through no less than 14 cases.

Climate:
The climate in Estonia is temperate, characterised by warm summers and fairly severe winters. The weather is often breezy and humid due to the proximity of the Baltic Sea. Average temperatures range from 20.9°C in summer (usually July is the hottest month) to - 8°C in winter.
Estonian Medical Students’ Association (EstMSA) & IFMSA SCOPE

EstMSA was founded in 1991. In 1992 Faculty of Medicine gave its official recognition to EstMSA. An exchange program with Finland was established. EstMSA is the full member of IFMSA and it has 7 very well working Standing Committees. EstMSA has altogether about 250 members.

There are 10 members in EstMSA’s SCOPE-team. We accept students in July and August. Every summer 30 students from Estonia can practise abroad and the same number of foreign students have clerkship here. As the only medical faculty in Estonia is located in Tartu it is the only choice of city for incoming students.

Tartu University Clinics include 17 specialised clinics. The Clinics are Estonia’s biggest medical institution in terms of both the amount of medical treatment and the diversity of services provided. All areas of medicine practiced in Estonia are represented here and in some narrower areas the Clinics are the only institution providing medical help at the highest level. Being the only university hospital in Estonia, the Clinics play a major role in both undergraduate and postgraduate medical training and the development of the medical science in Estonia (more information at clinics’ web page www.cut.ee). Almost all clinical fields are available for foreign students in Tartu.

The social program is quite rich: trips around Estonia, including a guided tour in Tallinn; camping on one of our islands (Saaremaa, Hiiumaa, Kihnu, etc) and visiting other picturesque places in Estonia (Taevaskoja, Lahemaa National Park, the coasts of Lake Peipsi). We also organise “pancake parties” and get-togethers in the evening. Exchange students also have the possibility to take part in the famous Folk Music Festival held in Viljandi every July and other open-air concerts and events.

EstMSA’s web page: www.ut.ee/eays

Welcome to Estonia

Kadri Jülje
National Exchange Officer
Estonian Medical Students’ Association
kadrijulj@ut.ee
www.ut.ee/eays

A POSSIBILITY TO ADVERTISE THE EXCHANGE PROGRAM - PHOTO EXHIBITION

During the last week of April Student Spring Days are held in Tartu every year. It is a week full of all kinds of different activities - traditional student bands competitions, an inflatable boat rally on the River Emajogi, performances, parties etc.

This year EstMSA was one of the official organisers of student days. Besides SCOPH’s anti-tobacco campaign and donor day and SCORA’s “street-actions” SCOPE team decided to make a photo exhibition in Tartu University Library. We got from students 150 photos taken during their clerkships. Collecting the photos was quite tiring and there were moments when we had our doubts that we should give up. But the exhibition was still went ahead and there were interested students and other city people for 2 weeks.

Now our plan is to organise such exhibitions twice a year. Once in April and also at the end of the year - the times to promote the units made for the next year.

More information about Estonia can be found:

www.inyourpocket.com/Estonia/
www.tourism.ee /
www.balticsw.com/tourist
www.ciesin.ee/ESTCG
www.ee/www/welcome.html
www.gov.ee/en

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Debrecen, the second largest city in Hungary with its population over 250,000, lies on the border of Hortobágy, one of the most wonderful parts of the Great Hungarian Plains. It is a place where the earth and sky flow into each other. It is a land of hot sun in the summer and bitter cold winds in the winter; it is a land of shimmering mirages. The Hortobágy is cut by the second largest river Tisza. The city is the center of culture, economics and education of Eastern Hungary. Besides numerous restaurants and shops, Debrecen has museums, theaters, historic buildings from the Middle Ages, churches including the prominent one called "The Big Church" (the Protestant "Saint Peters") and several places of entertainment. In the Nagyerdő (Great Forest) there is the University arboretum, an indoor swimming pool, thermal baths, an amusement park and a zoo. On the other side of the city lies the Nyírség region with its birch woods growing in the marshes from the Tisza’s flooding and many small villages from the 16th century.

The Great Hungarian Plains and Hortobágy is a memorable sight with its large herds of cattle, horses and sheep; small villages with thatched-roofed houses, storks nesting on chimneys; much of the wildlife; museums detailing the life of the csikós, or Hungarian cowboy; several Csárdas, or restaurants. Now it is treasured as the Hortobágy National Park...

In the heart of famous Hungarian grape-and wine producer region lies a wonderful city called Eger. The romantic streets, historic buildings and castle from the Turkish Domination; delicious 'Bulls Blood' wine, and cellars in the 'Beauty Woman Valley' give You an unforgettable memory...

The Medical School of the University of Debrecen is Central Europe’s first campus medical school. Its history is rooted in a spiritual heritage, which dates to the early 16th century, when in 1538 the city called the 'Calvinist Rome' established the famous Protestant College of Eastern Hungary. It became the alma mater of great number of very famous writers, scientists and politicians. The modern University was founded in 1912 and inaugurated a Faculty of Medicine in 1918. The Medical School lies on fringes of an extensive oak forest area called 'Great Forest'. The pavilion-style layout of academic buildings and clinics creates a rustic and tranquil campus atmosphere. The Medical School has 22 departments of basic science and 25 clinical departments specializing in various fields. This school serves as the city hospital for Debrecen therefore the more than 1000 Hungarian and foreign students of upper terms may also obtain their clinical training here.
Pécs

Pécs (pronounced paych) is the fifth largest city in Hungary in terms of population. It is situated in the Southern part of Transdanubia. It was already a flourishing settlement in Roman times (it’s known as Sopiane too). The first Hungarian king founded an episcopal see here. The town is a wonderful mixture of the past and present, numerous religions and nations. It was sacked by the Mongols and was under Turkish rules for 143 years. The medieval town walls, the relics of Turkish architecture- mosques, the minaret and baths- the four towered Cathedral in town attract a great number of visitors from all over the world. The city is well-known for its museums, artistic life and festivals. It’s climate, the winding streets, the vivid life of the main square in the summer evenings all reflect the atmosphere of the Mediterranean countryside. Wine production has also been a local trade for long. Pécs today attracts many tourists with its pleasant climate, its many cultural events and historical sites. It’s really worth seeing.

WE INVITE YOU to spend your clerkship in our city. We will be happy to say welcome to you! If you come here, you will be placed in a dormitory for medical students, which is near to the hospital. We have here double rooms, so you have to share your room with another foreign student. You will be provided with bed clothes and bedsheets, but you should bring your own towel with you. There is a common kitchen and bathroom on every floor. We provide you lunch and dinner on every weekday and also on the weekends in the hospital or in the dormitory or in a restaurant nearby. You should take your stethoscope and comfortable shoes for the hospital with you. You will be lead to the hospital on your first working-day. We arrange for you interesting social programs during the week in the afternoons and nice excursions to the other towns of Hungary on the weekends (like Budapest, Keszthely, Szeged). We promise you a great experience.

THE MEDICAL SCHOOL OF THE UNIVERSITY

Pécs has been a university town for centuries, and is the largest center for higher education and science in Transdanubia today. Every fifth inhabitant is a student. The historic city of Pécs houses one of Hungary’s oldest medical universities. The internationally recognized University of Pécs was founded in 1367 by King Louis the Great. Many structural improvements have been made since the original institution was designed. Today most research and teaching facilities are now located in the Western part of the city. The Pécs Medical University has a General Medical Faculty, an English Program, Dental Faculty, Pharmacy Faculty and Nursing College. The academic program is a six-year medical course comprising preclinical and clinical studies. The School also offers postgraduate training. Although the main purpose is to teach the science and the art of medicine, another of its important functions is research. Our university was completed the first transplant of the pancreas in Hungary. Our cardiac center is of a very high quality, it presents the technology of the third millenium, it has three main parts: cardiac surgery, an intensive care unit and a cardiology department.
Situated on the banks of River Tisza, Szeged is a city with deep historical and cultural roots. With a population of 200,000 is often named the “City of Sunshine.” It is situated on the southern edge of the Great Hungarian Plains and well known for its hot, sunny summers with temperatures ranging between 25-35°C, while the winters are usually mild with an occasional cold spell. There are no heavy industrial areas around the town, so the air and River Tisza are not polluted.

There are several large parks and a famous botanic garden. The city provides a full-season cultural program: a wide-ranging series of lectures on various topics of art, literature and music. Fine restaurants are scattered all over the city including various national cuisines, e.g. Greek, Chinese, Italian and Arabic.

The Albert Szent-Györgyi Medical University is the regional center of health care for Southern Hungary, offering wide-ranging cooperation and collaboration with surrounding hospitals and research institutes. Many famous and world-renowned professors have been members of the Faculty. The most prominent scientist was Albert Szent-Györgyi, - our University recently assumed his name - was awarded the Nobel-Prize in 1937 for his scientific achievements in biochemistry (Vitamin C).
Budapest

Budapest, capital of Hungary has a population of over two million. Each year five times as many guests visit the city, who enjoy not only the beauty and great variety of historical sights (dating back to the Roman age through Gothic, Renaissance, Medieval Turkish, Baroque, 19th century historical style buildings and arriving to the turn of the century and modern architecture) but are attracted by the cultural and musical life she has to offer. Budapest’s music life - marked by composers as Franz Liszt, Béla Bartók, Zoltán Kodály, - is known throughout the world. Outstanding concerts are held at the Music Academy and other concert halls. Over 35 theatres play permanently in town - not to mention several open-air performances in the summer season. The city is divided into two halves by the river Danube. The hilly part of Buda and flatter Pest side both offer diverse places of interest. Do not miss the view of the eight bridges connecting the two parts of the city, the oldest and probably the most beautiful being the Chain Bridge; the Parliament and the Basilica - it can be enjoyed from the Terrace of the Palace.

The Medical University is named after Ignác Semmelweis, the “savior of mothers”, the famous 19th century physician who successfully fought against child-bed fever. The University Hospital has 3200 beds and admits 86,000 patients annually. The outpatient departments care for about 648,000 patients each year. Semmelweis University of medicine has more than a 200 year tradition of academic excellence and commitment to the education of physicians. Among Semmelweis alumni are Nobel laureates and world renowned researchers and clinical doctors. Currently 5000 students are studying on our university. 945 out of them are foreign ones, who enroll either to the English or German program. All the clinical fields are evidently available. All students should bring their stethoscope and comfortable slippers or shoes with them.
From the beginning human beings have been searching for the opportunity to communicate, to travel and to know. After the independence of Lithuania, we Lithuanian medical students together with IFMSA started "Professional exchange program of medical students" in Lithuania. This project is the "backbone" of LiMSA, and around it we have built our organisation and grown the new generation of Lithuanian doctors. "Professional exchanges of medical students" will always fill the life of LiMSA with the most beautiful moments and crazy days, I know that for sure.

During the history of professional exchanges with LiMSA, 1400 students have taken part in exchanges and we hope that this number will always increase.

Lithuania is a beautiful little country on the Baltic sea. We have two local committees. They are Vilnius and Kaunas. The students who come to Lithuania see that it is different to what they thought. In front of their eyes appears a green, peaceful, colourful friendly country with a deep history and culture. Highly educational medical practices are combined with an exciting social program. This can illustrate the words of the student from Turkey Tongu Ulmaz Utku "... the doctors are very helpful here and I gained a lot of knowledge. Also I would like to thank you for the best holidays in my life".

Now more then 20 Lithuanian medical students are working for the "Professional exchanges" program. We are starting in early September and finishing when the last students leave. Foreign students are met in the airports, bus and train stations. The social program is organised according to the wishes of foreign students and previous season's experiences. Students are led on excursions and trips around Lithuania
to taste the nightlife, parties etc.

In the last years LiMSA SCOPE team started to collaborate with LiMSA SCOPH team. The foreign students were working together with Lithuanian medical students on a project "For Healthier Tomorrow". They were measuring the blood pressure, the level of cholesterol and glucose of people in the streets and other public places. In the future we will make more projects like this for foreign students participate in.

We will keep on working as hard as we do now, and will never forget about quality. The quality is the main subject for Lithuanian medical students. The quality in the medical practise and the quality of the social program, so that students could be able to increase their medical knowledge and have an unforgettable holiday of their life.

So, I hope to see you in Lithuania very soon.

Mindaugas Gudelis
Munisakas.lt
The Netherlands: a country where the Dutch live below sea-level, wearing wooden shoes while milking cows next to the windmills so that they can eat cheese inside their cosy farmhouses while it rains outside. Or how about the Netherlands = Amsterdam, joints and red windows? I suggest you all come and see for yourself what Holland is really all about...

One way to do this is through Professional Exchange clerkships organised by the International Federation of Medical Students Associations, a great way to see how medicine is practised in other parts of the world!

The Dutch Medical System

Each year has approximately 200 students making a total of 10,000 medical students. The study of medicine in the Netherlands is a minimum of 6 years. The first 4 years are lectures, problem-based learning, practicals etc, and the system also includes doing a research for a few months. The last 2 years are usually the clinical ones: the internship.

One can then do a specialisation depending on which profession interests them, and this may take from 2 to up to 6 extra years. Students who go overseas for a SCOPE exchange are usually at the end of their third year of medical school.

How do we get into medical school in the Netherlands? It’s all one big lottery!! There are a limited number of places (around 1,800 per year) for which 6000 students apply each year. Everyone gets a number, at random. Numbers 1 up to approximately 1,800 gets accepted, the rest don’t, and can try again the next year. This is to give everyone a chance to get in, although last year a new rule was implemented: everyone who has an 8 or above on their high-school diploma (10 is highest) gets in automatically.

21 years ago IFMSA-The Netherlands was born, and it all started with SCOPE. From a few contracts SCOPE has grown immensely in this little country of ours, and we now have 103 bilateral and 8 unilateral contracts for the period March 2002-2003. Contracts are signed at the international August meeting, after which the units are distributed among the local committees (depending on how many students a city can receive). The enthusiastic Dutch Local Exchange Officers then organise the clerkships for incoming students, and application forms are filled in by Dutch outgoing students who want to go abroad for a clerkship.

Foreign students have the opportunity to come to 7 different cities in the Netherlands to do their clinical clerkship! (Yes, Amsterdam is not the only city here, there are many other lovely cities where a medical student can spend a great month at a department in a hospital!)
Medical faculties in The Netherlands

There are 8 medical faculties in The Netherlands in 7 different cities (Amsterdam has 2), and SCOPE is active in 7 of them: Nijmegen, Groningen, Leiden, Utrecht, Amsterdam and Rotterdam.

Nijmegen is especially nice because it is the city that receives the most foreign medical students in the summer months. There is a very good social programme (for instance the Nijmeegse 4-daagse at the end of July - 4 days of partying!), and the local IFMSA committee of Nijmegen is the best in The Netherlands (or so says the Nijmegen-Local Exchange Officer!!). It is the oldest Roman city in The Netherlands, and is also close to Amsterdam by train.

Groningen is a very 'gezellig' (a non-translatable Dutch word, but used so often!) student city in the north of the Netherlands. During the day you can enjoy a drink in the sun on one of the many terraces, while at night you can spend all night going from café to bar to disco, since the closing times are only around 7 am...

Rotterdam, the Cultural Capital City of 2001, is also a very beautiful city and is also one of the biggest ports in the world!

Leiden is a beautiful historic city with many impressive old buildings, and close to Amsterdam and The Hague and also close to the sea!

Utrecht is a smaller version of Amsterdam, with its lovely canals and old Dutch houses, which is very nice to walk through - especially the centre of Utrecht. Utrecht is often seen as the centre of the Netherlands, and the SCOPE-NL often has its meeting here, since LEO's come from all over the country.

Amsterdam: where you will never be bored...

The Netherlands is a very small country, and it is very easy to get around by train! For instance, you may think (if you have looked all our cities up in your atlas while reading this article) that Groningen is so incredibly far up north! Well, within 2 hours you are standing in the middle of Utrecht, or within 2 and a half you are at the beautiful central station of Amsterdam. So distance away from Amsterdam: not a good reason for not choosing one of the other great cities in the Netherlands for a clerkship!!

I hope that I have made you all enthusiastic to come to the Netherlands, and hope to be able to welcome you here in the near future!

Mirjam Kouwenhoven and Simone Koopman
National Exchange Officers
IFMSA-The Netherlands
neo@ifmsa-nl.org
http://www.ifmsa.nl/
The Slovak Medical Students’ Association (SloMSA) is a non-profit, non-political organisation with a potential outreach to all medical students all over Slovakia.

Our activities include projects within the fields of public health and sustainable development, medical education, reproductive health, medical ethics and peace, and health care for refugees, children and other disadvantaged people.

SloMSA projects are running in participation and collaboration with its three members-medical students’ associations in Bratislava, Martin and Kosice.

Since 1993 SloMSA has been a member of the IFMSA (International Federation of Medical Students’ Associations).

**SloMSA Professional Exchange Program**

The National Exchange team consists of National Exchange Officer (NEO) and three Local Exchange Officers (LEOs). SloMSA has 3 Local Committees (Bratislava, Martin and Kosice) participating in IFMSA exchange programs.

**MEDICAL FACULTIES:**

**BRATISLAVA**

The Faculty of Medicine of the Comenius University with its long tradition is the most prestigious and the largest in Slovakia. Nowadays there are more than 2000 students studying general medicine or dentistry.

In Bratislava we have 4 hospitals where the students are doing their clerkship. The place you’ll obtain depends mostly on the department you wish to visit. We are trying to choose the one where your desired department really takes care of students and you could learn a lot. Working time is usually about 5 hours per day, from 8 a.m. to 1 p.m., but it may differ according to your agreement with your tutor.

**MARTIN**

Martin Faculty Hospital has more than 1,100 beds. The mission of the Faculty of Medicine is to achieve excellence in education, research, clinical care and community health. The faculty is the integral part of the Comenius University in the areas of undergraduate, graduate, postgraduate and continuing education and in basic sciences, clinical and community health research.

**KOSICE**

Since the end of 1959, the Faculty of Medicine and the Philosophical Faculty joined, it leaded to creation of new university in East Slovakia, Šafarik University in Košice.

The twenty-storey building of the university hospital was presented to public at an opening ceremony at the beginning of 1981. This magnificent hospital complex includes 1 107 beds and, together with adjoining buildings, has 2500 rooms.

**SOCIAL PROGRAM**

Besides getting information for your future medical career you will have also opportunity to explore Slovakia a bit during the offered social program. Social program is provided by all local committees.

Usually, there is a welcome party on the day of arrival of the exchangees. During the week there are tours around the city and surroundings, sightseeing, visiting museums, galleries.

During the weekends the students have the wonderful opportunity to leave from the cities to the beautiful nature of Slovakia (the most desired destinations are High Tatras, Slovak Paradise, historical castles or famous slovak caves).
Slovakia, the republic in Central Europe, bordered on the northwest by the Czech Republic, on the north by Poland, on the east by Ukraine, on the south by Hungary, and on the southwest by Austria. Bratislava is the capital and largest city.

Slovakia is mainly known for its numerous and impressive mountain ranges: the Carpathians, and the Tatry. The High Tatry also contain one of the largest and nicest national parks of Slovakia and our highest peak, Gerlachovsky stit (2.655m).

The town of High Tatras is a central part of The Tatra National Park (Tanap) which covers an area of 74,111 hectares. It is the oldest and largest activities such as hiking, rock climbing and skiing are just some of the most popular activities. But there are also many other activities including mountain cycling, horse riding, paragliding, swimming or even rafting along local rivers.

Slovakia’s Total area: 49,035 km²
Currency: Slovenska koruna (Sk), or Slovak crown, which is divided into 100 haliers.
Country telephone code: +421
Climate: The continental climate, with four distinct seasons.
Political system: The Parliamentary democracy.

For further details about our LCs just visit:
www.kza.sk (Bratislava)
www.mkmedic.sk (Martin)
www.medik.sk/exchanges (Kosice)

**SLOVAKIA / SLOVENSKO**

Exceedingly beautiful high mountains raising directly from the river valley of Turiec river, valley surrounded by green fields and idyllic villages, that is the bed where the town of Martin is laying. This vivid town owns a great historical heritage of national and also international significance. Martin was founded over 700 hundred years ago, and later became the center of the awakening of Slovak national and political movements.

**MARTIN**

Kosice, the Slovak republic’s second largest city, has got a population of more than 260,000.

Kosice is a city with an evenful and illustrious history.
trious past, its earliest recorded mention dating from 1230, when it is referred to as "Villa Cassa". The coat of arms is the oldest in Europe. Kosice prides itself on its long history of many cultures and religious faiths. The city’s historic sights-from various epochs-are concentrated in the historic centre, which is an Urban Herritage Area.

Irena Mazakova
National Exchange Officer 2002
SloMSA
neo_slovakia@hotmail.com
www.slomsa.sk
It's 7:30 a.m.! the alarm woke me up!
"Damn !! I want to get some sleep!!", that's what I told myself while getting up to have my morning shower 😃. Today is very happy day, yesterday I finished my year as NEO! Don’t misunderstand me but it’s really a relief after a year of really hard work!

While I was eating my breakfast, thinking of all the work I've done and all the efforts I made, I remembered Hossam & Hazem, my seniors in my local committee one was EMSA president and the other was SCOPE director, and I remembered the first time I joined THE IFMSA world 6 years ago when they told me to join SCOPE.

I remember now that I asked them: "why SCOPE?"; and they told me: "you will know later and you’ll thank us!!"
“I doubt it” I told them !
I remember now how I started as a messenger! "Tamer, make a copy of that key!". "Tamer, send that fax!"; "Tamer, go to the hostel and make sure that the rooms of the exchangees are clean and ready!!"

While eating, I remembered days when I was eating my breakfast with exchange students joking and laughing!. "There were sweet moments" I told myself.

I finished my breakfast, put on my clothes, and went to my faculty.
On the way, I passed by Mahmoud, the plumber; I knew him for the first time when I needed him to fix the shower in the flat of the exchangees! "Good morning Mahmoud" I said, with a smile he replied: "good morning doctor 😃", wow! I have a good prestige in the neighbourhood!!

I remember going out at 4 a.m. because some students came then and they needed accomodation! But that was nice 😃

I reached my faculty, saying 'hi' to all my friends, some of them asked me about the exchange units for this year! This reminded me of the days I was the LEO of TSSA (my dear local committee), and all what we were doing to arrange everything for the incoming and the outgoing students, including paper work, working with tough bylaws in our faculty, contacting travel agencies and aircompanies to get better ticket prices for our student!! "Wow that was hard work" 😃

My plan was to go to Cairo then to Sinai that day, with the sweet memories that I have from the excellent social program we do for SCOPE! Sorry I can’t tell you what happened there 😃

We spent most of the way talking, actually I did most of it! Talking about experiences, travels... I suddenly found that I got them all though SCOPE directly or indirectly: I travelled to Finland, Germany, France, Malta, Greece and Denmark! Many experiences about dealing with people, handling situations, negotiation, project management! I found out that with SCOPE I met people from all corners of the world!

In SCOPE when I was a National Exchange Officer, I really learned how to build a team, how to work with a team distributed in the six continents of the world, how to take decisions, how to apply ideas and make dreams come true, how to deal with different idiologies and cultures, ....etc. In SCOPE I made friendships that I’m sure it’ll last forever!

I knew how useful all this will be for me in my entire life, with SCOPE I really became a different person, a better person.

Now, And Just now, after 6 years I knew " why SCOPE?"

Simply because: SCOPE is life!

N.B.: after reaching Cairo, I caught myself going to an internet café, sending an e-mail to Jana, our SCOPE director, to start some more work for SCOPE!!!!! A real addict!!

Tamer Ghazy  
National Exchange Officer 2000-2001  
EMSA, Egypt  
tamer_ghazy@hotmail.com  
http://www.emsa-egypt.org/
WHAT IS PROFESSIONAL EXCHANGE?

The professional exchange represents one of the programs of the IFMSA. In fact, that was the cornerstone of the whole organization. Way back in 1951, a group of Danish students came up with an idea that it would be a great thing to organize a short exchange clerkship with some other countries like France. From that modest idea, in half a century SCOPE (Standing Committee on Professional Exchange) evolved into a powerful apparatus, dealing with over 4000 students per year.

Nowadays, the National Member Organizations (NMO) in the SCOPE represent a global network of young people connected with the unique experience of being the exchangee.

The basic unit of each NMO is a Local Committee (LC). By definition, LC must be in a university center in a spoken country. In that way, each LC can both send and receive medical students on professional exchanges. Each year, the LCs organise the competition for exchanges among students. Two main parameters by which students are being ranked are by their average mark during their studies, and the knowledge of English, which is the official language of professional exchange.

Students running for the place in the exchanges can choose which country they would go to, which university center, which period of the year, as well as which clinical (or optional preclinical) clerkship they would attend.

In this manner, the student is being offered a chance for thorough dedication in a chosen subject, such as surgery, for example. He is being guided by his tutor, within a small group, consisting of two or three students, and he is given a good insight into the procedures of the given subject in that country. Depending on the conditions, level of knowledge, legal regulative and the subject itself of course, the exchangee may be given a chance of performing some of the procedures. In many cases, unfortunately, this is much more than they are in position to do, way back home. In order to make sure that the clerkship was used in a proper way, most of the NMOs are asking their outgoing students for certificates, which are the proof that the student attended the hospital.

Aside from that, in most cases, each student on exchange is offered with a social program. Visiting places of interest, such as museums, galleries, discotheques and much more. The exchangee has a chance to get to know the people and the culture of the country he is doing his clerkship in. In IFMSA it is not rare to have long-lasting friendships, relationships and even marriages, after the clerkship.

In a word, the exchange is a lifetime experience. One gets an opportunity to practice their chosen medical subject, to become acquainted with the way of life in a chosen country and to earn friends worldwide... It could also be taken as a small but significant contribution to globalization of our planet. You are far less susceptible to prejudices towards one country, if you have friends there, if you once saw those people living their lives, listening to music, being happy. Ignorance is the dangerous thing. The exchange can cure ignorance.

Did you try exchanges? If not - you should. If you did, you know what am I talking about.

Milorad Vasiljevic
Outgoing National Exchange Officer YuMSIC
mikka@bitsyu.net
www.yumsic.org.yu