

Advising Medical
Students and Residents
International Health Experiences



**International Health
Medical Education
Consortium**

INTRODUCTION

The International Health Medical Education Consortium (IHMEC) was founded in 1991 by a group of medical school educators and other academicians with the goal to strengthen the teaching of international health at all levels of medical education. It has established a network of clinical opportunities overseas and has defined stronger career tracks for residents and students in international health. IHMEC's mission is to foster education in four program areas:

- Curricula
- Clinical training
- Career development
- International health education policy

Since its foundation IHMEC has hosted nine annual conferences in various cities including most recently San Diego and Costa Rica and Chicago. Fifty medical schools are institutional members, and conferences typically attract over 300 participants.

IHMEC has had a longstanding tradition of sharing programs and expertise with medical student and resident members. IHMEC faculty members represent expertise in a wide range of international health activities such as curriculum, evaluation, liability, cross cultural exchanges, and international health site selection.

This document represents a compilation of experiences from a wide variety of faculty and medical school experiences. Each chapter was initially written by a past or current member of IHMEC's Governing Council, then reviewed by other faculty members. Criteria used for determining information relevant for inclusion are simple: what questions are we most often asked concerning student and resident international health experiences? Therefore, the guidebook is intended for use by medical educators and administrators who serve in advisory roles for students and residents preparing for learning experiences abroad. Final versions of each chapter were agreed upon by original authors and the editors Drs. Heck and Wedemeyer.

It is our hope this document will prove helpful for medical school faculty advisors, and ultimately the students and residents who will benefit from sound advice, planning, and evaluation.

For more information about IHMEC, please contact the office of the Secretariat for IHMEC, c/o Department of Medicine, Indiana School of Medicine, M200, Wishard Hospital, 1001 Wth Street, Indianapolis, IN 46202.

Jeffery E. Heck, MD
University of Cincinnati College of Medicine
IHMEC President

Don Wedemeyer, MD
University of Miami School of Medicine
Member, IHMEC Governing Council

The editors wish to thank the contributing authors for their thoughtful contributions to this guidebook. We would also like to thank Sandy Brennan for her help with typing, formatting and editing and her patience with the numerous drafts and last minute changes.

**Advising Medical Students and Residents
Before International Health Experience
IHMEC 2000**

Editors

Jeffery E. Heck, MD

Department of Family Medicine
Univ of Cincinnati College of Medicine
2446 Kipling Avenue
Cincinnati, OH 45239
Ph: 513-853-4350 Fax: 513-541-3902
E-Mail: heckje@fmmail.uc.edu

Don Wedemeyer, MD

University of Miami School of Medicine
1400 NW 10th Ave., Suite 607
Miami, FL 3136
Ph: 305-243-2848 Fax: 305-577-1085
E-Mail: dwedemeyer@miami.edu

Contributing Authors

Andrew Bazemore, MD

Family Medicine Residency Program
Univ of Cincinnati College of Medicine
2446 Kipling Ave.
Cincinnati, Ohio 45239-6695
Ph: 513-853-4350 Fax: 513-541-3902
E-mail: bazemoaw@uc.edu

Audrey Bernfield

Harvard Medical School
Enrichment Programs, Rm. 235
260 Longwood Avenue
Boston, MA
Ph: 617-432-3181 Fax: 617-432-2500
E-Mail: abernfield@med.harvard.edu

Jonathan J. Brodie, MD

Director, International Program
Dept. of Family & Community Medicine
Medical College of Wisconsin
2320 N. Lake Dr.
Milwaukee, WI 53211
Ph: 414-291-1600 Fax: 414-291-1613
E-mail: jbrodie@mcw.edu

Kevin Chan

Univ. of British Columbia
Ctr. For International Hlth.
3-1101 West 8th Ave.
Vancouver, BC, Canada
V6H 1C5
Ph: 604-733-6513 Fax: 604-733-6513
E-mail: kevinjchan@aol.com

Jeanne Anne Chapman, M.Ed.

Baylor College of Medicine
Houston, TX 77030
Ph: 713-798-7760
E-mail: chapman@bcm.tmc.edu

Carole Davis, MSW

Coordinator Family Practice

University of Nebraska
600 S. 42nd Stree
Omaha, NE 68198-3075
Ph: 402-559-8689 Fax: 402-559-8118
E-mail: cdavis1@mail.unmc.edu

Bob Einterz, MD
Indiana University School of Medicine
1001 W. 10th Stree
M200 WOP
Indianapolis, IN 46202
Ph: 317-630-6455 Fax: 317-630-7066
E-mail: reinterz@iupui.edu

Fern R. Hauck, MD, MS
Department of Family Medicine
Loyola University Stritch School of Med
2160 South First Ave., A354200-2
Bldg. 54 – Rm. 254
Maywood, IL 60153
Ph: 708-216-1654 Fax: 708-216-1104
E-mail: fhauck@luc.edu

D. Daniel Hunt, MD
Associate Dean, Academic Affairs
Univ of Washington School of Medicine
1959 NE Pacific Stree
Seattle, WA 98195
Ph: 206-543-5560 Fax: 206-616-3341
E-mail: dhunt@u.washington.edu

William Markle, MD
Department of Family Medicine
University of Pittsburgh School of Medicine
M200 Scaife Hall
Pittsburgh, PA 15261
Ph: 412-648-8952 Fax: 412-648-9114
E-Mail: whm@med.pitt.edu

Sara E. Pirtle, MBA
Coordinator
International Studies and Program
University of Nebraska Medical Center
Omaha, NE 68182
Ph: 402-559-2924 Fax: 402-559-2923
E-mail: sepirtle@unmc.edu

Ronald E. Pust, MD

Director, Predoctoral Education
Dept. of Family & Community Medicine
Univ of Arizona College of Medicine
1501 N. Campbell
Tucson, AZ 85724
Ph: 520-626-7822 Fax: 520-626-6134
E-mail: rpust@u.arizona.edu

Judith E. Reagan, MS

Director
Office of International Studies
University of Kansas Medical Center
3901 Rainbow Blvd.
Kansas City, KS 66160-7197
Ph: 913-588-1480 Fax: 913-588-1462
E-mail: jreagan@kumc.edu

Craig Whiting, DO

Assistant Professor
University of North Texas Health Science Center
3500 Camp Bowie Blvd.
Ft. Worth, TX 76107
Ph: 817-735-2440 Fax: 817-740-1318
E-Mail: gwhiting@hsc.unt.edu

Calvin Wilson, MD

Univ of Colorado School of Medicine
Dept. of Family Medicine
1180 Clermont St
Denver, CO 80220
Ph: 303-315-9700 Fax: 303-315-9748
E-mail: cal.wilson@uchsc.edu

Table of Contents

Introduction.....	
Editors and Contributing Authors.....	
What Is IHMEC?.....	
Officers.....	
Planning and Preparation.....	
Advising Students on Selecting Rotations.....	
Health Preparation.....	
Language Learning.....	
Safety Abroad.....	
Evaluation.....	
Cultural Aspects of Health Care in International Context.....	
Finances.....	
Liability and Ethical Issues.....	
Curriculum.....	
Institutional Organization o International Health Programs.....	
Establishing International Partnerships.....	
Careers in International Health.....	

WHAT IS IHMEC?

IHMEC is a consortium of faculty and health care educators dedicated to international health education in U.S. and Canadian medical schools and residency programs. Formed in 1991, its mission is to foster international health medical education in four program areas – curriculum, clinical training, career development, and international health education policy. IHMEC is working to:

- facilitate international educational experiences and exchanges for medical students and residents;
- encourage the development of courses and curricula related to international health;
- promote the sharing of resources and information about international health among the members;
- facilitate the development of international health career tracks and short term work/service/learning opportunities for students, residents, and faculty;
- develop appropriate positions on international medical education policy, including appropriate implementation strategies;
- develop and maintain active collaborative liaison with other organizations with interests in international medical education as an unheard of privilege.

IHMEC members represent over 65 medical schools in the United States and Canada. The IHMEC mailing list includes more than 1000 interested physicians and medical educators.

The IHMEC listserv connects all members who have access to email, allowing them to share ideas, resources and elective sites with other members and to receive timely announcements and updates from the Secretariat and governing committees.

IHMEC develops plans, programs, and policies through its elected Governing Council and standing committees for curriculum, communication, program, and liaison.

Members participate in three general program areas: medical education policy; international health education electives and curriculum; and international health institutional partnerships.

BENEFITS TO MEMBERS

Sharing Expertise

Members promote international health programs in their medical schools through collaboration with IHMEC colleagues, IHMEC committees, and program events at IHMEC's annual national conference.

Sharing Clinical Training Sites

IHMEC links members to a network of faculty contacts and international clinical sites. IHMEC is developing guidelines for site selection and evaluation.

Sharing Information

IHMEC's quarterly newsletter *IHMEC Update*; the IHMEC members listserv; the mailing list and other publications help IHMEC members exchange information about:

- Activities and innovations in international health medical education
- Colleagues and contacts
- New programs for students and residents
- New funding opportunities for international health education

Networking and Advocacy

IHMEC develops and maintains liaison with organizations with related interests.

BECOMING A MEMBER

Membership is open to faculty and program administrators involved in international health programs in U.S. and Canadian medical schools, residency programs or associated institutions.

Membership can be:

- **Institutional:** \$250 per year.
Supports 4 voting members, may include one student and one resident
- **Individual:** \$75 per year.
- **Sustaining** \$250 per year.
Agencies or institutions interested in international health medical education, but without institutional ties to a medical school, are welcome to become sustaining members of IHMEC.

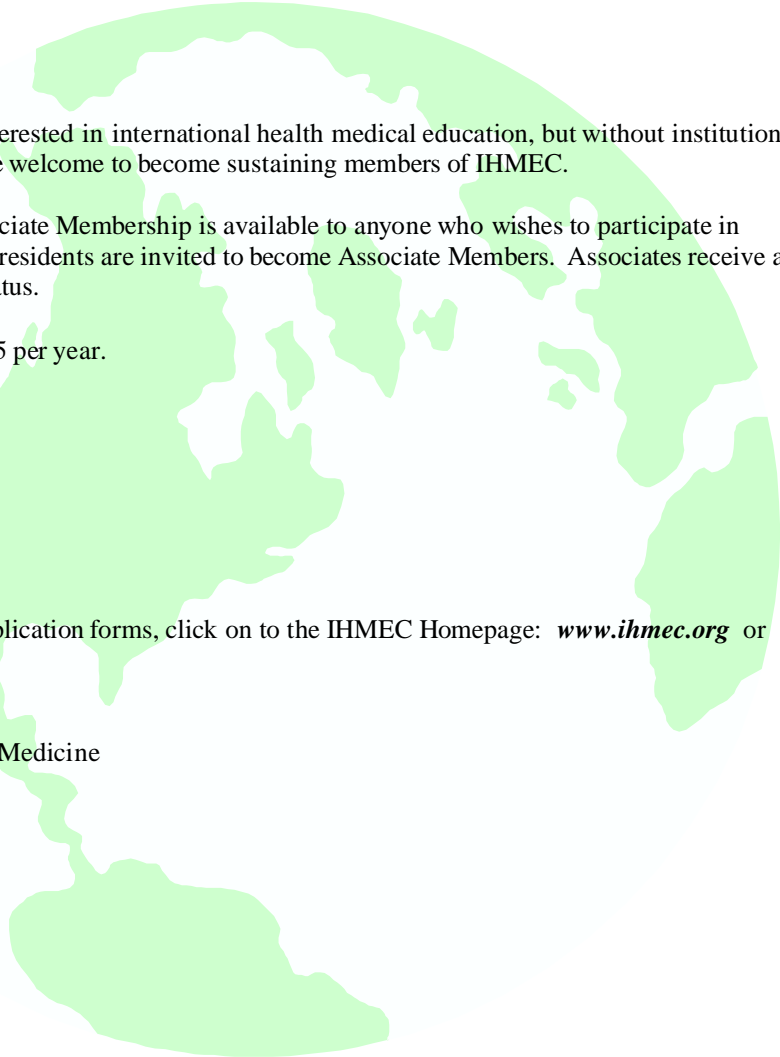
Associated Membership: Associate Membership is available to anyone who wishes to participate in IHMEC. Medical students and residents are invited to become Associate Members. Associates receive all benefits but have non-voting status.

- **Individual Associates:** \$75 per year.
- **Residents:** \$25 per year.
- **Students:** \$15 per year.

HOW TO JOIN IHMEC

For further information and application forms, click on to the IHMEC Homepage: www.ihmec.org or contact Ann Riordan at:

IHMEC Secretariat
C/o Department of Medicine
Indiana University School of Medicine
M200, Wishard Hospital
1001 West 10th Street
Indianapolis, IN 46202
Phone: (317) 630-7091
Fax: (317) 656-4230



Officers: March 1999 – March 2001

President

Jeffery E. Heck, MD
Director, International Health Program
Franciscan Hospital – Mt. Air Campus
University of Cincinnati College of Medicine
2446 Kipling Avenue
Cincinnati, OH 45239
Phone/Fax: (513) 853-4351 / 541-3902
email: heckje@fmmail.uc.edu

Past-President

Audrey Bernfield, M.A.
Director, Enrichment Programs, Room 235
Harvard Medical School
260 Longwood Ave.
Boston, MA 02115
Phone/Fax: (617) 432-3181 / 432-1672
email: abernfield@hms.harvard.edu

Secretary-Treasurer

Charles R. Kelley, MD
Associate Professor of Medicine
Wishard Hospital
Indiana University School of Medicine
1001 W. 10th St. – M200
Indianapolis, IN 46202
Phone/Fax: (317) 630-7019 / 630-7066
email: chkelle@iupui.edu

Executive Officer

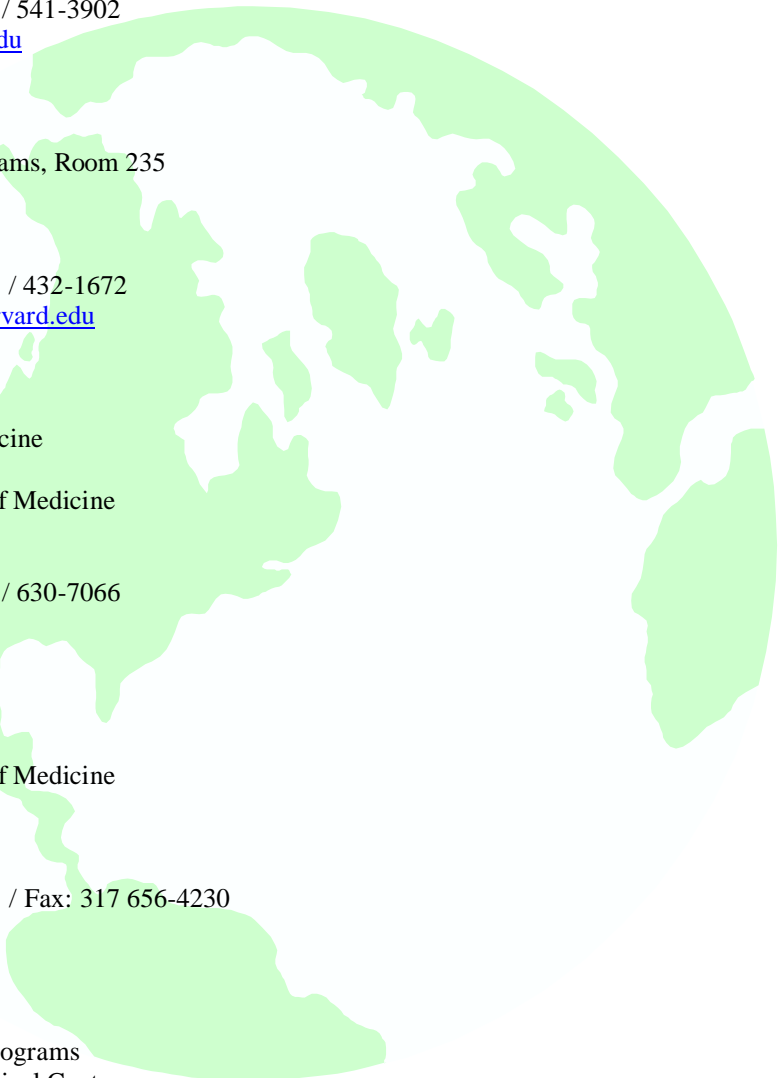
Joyce Dobson
c/o Department of Medicine
Indiana University School of Medicine
M200, Wishard Hospital
1001 West 10th Street
Indianapolis, IN 46202
Phone/Fax: (317) 630-7091 / Fax: 317 656-4230
email: info@ihmec.org

Newsletter Editor

Sara E. Pirtle, MBA
International Studies and Programs
University of Nebraska Medical Center
Omaha, NE 68198-5735
Phone/Fax: (402) 559-6414 / 559-2923
email: sepirtle@unmc.edu

**2000 CONFERENCE: Vancouver, BC
March 23-26, 2000**

**2001 CONFERENCE: Honduras, Central America
February 22-25, 2001**



PLANNING AND PREPARATION

Carole Davis, MSW
University of Nebraska

Ron Pust, MD
University of Arizona

Don Wedemeyer, MD
University of Miami

Much of this chapter is taken from Davis C, Krogh C, Pust R, *Preparing for International Health Electives; A Mini-Guide to Resources*, International Health Medical Education Consortium (IHMEC).

There are a number of basic questions asked by almost everyone interested in participating in an international health elective. This chapter provides a Question and Answer format to the process of developing such electives. Included at the end of this chapter is a suggested timeline for students, residents, and their advisors as they proceed through the process.

Q. WHAT is an international health elective?

International - While there are many definitions, most IHMEC activities - and this Guide - focus on clinical and community health in developing nations. Many “International Health” lessons can also be learned and applied in our own cross-cultural and medically underserved settings.

Elective - a student’s or resident’s training abroad is almost never part of the requirements of a conventional medical curriculum.

Q. WHY spend elective time doing an international health elective?

International health often provides experience, perspective and insight which, like an profound experience of learning or growth, are primarily *within* one’s self and not easily measured. Nevertheless, there are several compelling reasons to consider an international health elective.

The range of illnesses and services in North America are fairly atypical of the world as a whole. An international elective can provide broader perspectives on health, illness, and health care.

Clinical and community health skills may be sharpened through applying them to unfamiliar problems and settings.

New knowledge may be gained and disseminated through focused research.

A student or resident may find upon returning home that familiar things are now also seen from a fresh and more complete perspective.

The host community may benefit from the student's or resident's elective (although this is not always the case).

Q. WHAT are the most common types of international health electives?

Clinical electives offer exposure to an expanded range of clinical conditions, usual manifestations of common illnesses, new or unfamiliar or low-tech diagnostic and treatment options, and the provision of care in the context of society and culture.

Community health electives usually involve participation in one or more of five "classic" steps: (1) identification of a community health need; (2) determination of what resources already exist to meet that need; (3) by subtraction of the above, determination of the *unmet need*; (4) meeting some or all of the unmet need, and (5) monitoring outcomes. Generally such projects are beyond the scope of a short elective, but a student or resident may gain much by participating in ongoing projects.

Research projects typically include one or more of the following steps: (1) defining a population; (2) defining variables to be studied and how they may be measured; (3) looking at distributions of those variables in that population (epidemiology); (4) developing hypotheses as to why those patterns exist, and (5) testing hypotheses with specific studies. In many settings the student or resident may find that even the first step in this scheme - defining and characterizing the population - has never been done.

Q. GIVE ME AN EXAMPLE of an international health elective.

After extensive planning and exploration of options with an advisor has led to selecting an elective, a student or resident travels with eleven other students and residents along with three faculty members to a village in Latin America. In the village, each student is assigned to live in the home of a local family. Meals are shared with this family. After becoming familiar with the new setting, actual projects begin. Work "in the field" is done in the cool early morning, late afternoon and evening hours. Some classes are conducted in hot late mornings and mid-afternoon (after siesta). Projects are developed by students, residents, and faculty members in conjunction with ongoing community development health work. Projects might include community health and resource surveys directed by elders, foot and eye care clinics for persons with diabetes, or identification and cleanup of contaminated wells. The student participates in wrap-up sessions before returning home where s/he submits a brief - but structured - report for credit. Combinations of these types of experiences are often possible and desirable.

Q. HOW do students and residents identify international elective sites?

Students and residents select sites by country, by language, or because of a particular project. However, it may prove most satisfactory to first identify a *person* who is in a position to arrange an experience tailored to a particular student; the choice of country and project are then somewhat predetermined.

Traditionally, students have searched for international experiences from printed lists or

word-of-mouth recommendations. One significant source is the IHMEC listserv organized for pooling resources with colleagues at medical schools around North America. Faculty contacts may facilitate exchanges with their counterparts at developing country clinical sites, and act as advisors to students throughout the process.

Q. WHEN in medical school or residency is the best time to go?

It is generally agreed that an international experience can be of value at any stage of medical school or residency training. And it is possible to do a community health or research elective in the second or third year. However, medical students should have completed the required clerkships and have basic clinical skills, both for their own benefit and for the benefit of the people at the site, before participating in a clinical elective. Sometime during the fourth year of medical school when there is flexible elective time is the most common time to go. Fourth year students should not plan to be abroad during the announcement of the residency Match which generally occurs on the second week of March in the student's final year. For preparing for the experience see the appendix at the end of this chapter *A Suggested Timeline to Prepare for an International Elective Experience*.

Q. WHAT is the role of a faculty advisor ?

An international training experience often involves a number of elements that are unfamiliar to the student or resident yet impact greatly upon his/her experience. The faculty advisor plays a crucial role in

SUGGESTED BENEFITS FROM TAKING PART IN INTERNATIONAL HEALTH ELECTIVE EXPERIENCES

Calvin Wilson, MD, University of Colorado
Robert Einterz, MD, Indiana University

- **Familiarization with geographic and travel medicine.** Developing familiarity with medical and social conditions unique to regions has become increasingly important as growing numbers of travelers visit countries that still harbor endemic diseases virtually unknown in the U.S., and require preventive and sometimes curative attention.
- **Improve the quality of medical education for ethnic populations within the United States.** Health care providers are increasingly faced with the challenge of diagnosing and treating global diseases in new immigrants, as well as dealing with acute and chronic illnesses in the context of cultural patterns unfamiliar to the provider. Also, many new immigrants have been traumatized by war, displacement into refugee camps, or even torture, and present unique psychosocial challenges not commonly seen in the domestic population.
- **Gain an appreciation of the need to promote global equity in health care.** Equity in health care distribution demands that, as world citizens, health care providers from more prosperous countries consider responsibility to medically underserved populations, both in their own country and in those of developing nations.
- **Develop a global network of relationships with other health care providers and students.** There is much that can be learned from ongoing exchanges of information, research, and medical practice with other countries.

assisting students and residents clarify reasons for seeking such experiences, and in setting clear educational objectives. If possible, faculty arranged electives with ongoing communication with onsite counterparts are the best situations. Even with the best planning, the quality of the experience can be unpredictable. The role of the advisor is discussed extensively in *International Health: A Manual For Advisors and Students*, available online on the web site of the International Committee

of the Society of Teachers of Family Medicine (STFM), www.rushu.rush.edu/familymed/stfm.

Q. WHAT clinical electives will best prepare students and residents for international work?

An excellent grounding in physical diagnosis is probably the fundamental requirement for an international clinical experience. The best experiences are those that provide extensive well supervised opportunities for history taking and performance of physical examinations, in a body systems and in patients of all ages and sexes. Also valuable are those experiences that allow students to learn fundamental clinical procedures, such as lumbar punctures, venipuncture, or surgical closure.

The following electives have been described by returning clinicians and medical students

as being particularly useful in international work:

Rural Family Practice, Pediatrics, or Medicine. Rural electives provide experience in many issues often encountered in developing countries, such as trauma injuries, transportation and referral to subspecialists, and primary care in a community setting.

Anesthesiology. In many settings, an anesthesiologist is not available, and if one does not have the capacity to control pain, it may be impossible to do anything else. An open fracture can be managed if pain control can be achieved; in the absence of pain control appropriate care may be virtually impossible. In addition, anesthesiology may be an excellent rotation on which to learn fundamental procedures, such as venipuncture, lumbar puncture, and intubation, which an intern is expected to perform.

Surgery. Conditions requiring surgery will undoubtedly be encountered in any setting. A familiarity with basics of surgery, including cleansing, opening, closing, wound care, and postoperative management, may render a student invaluable.

Orthopedics and Rheumatology. Trauma and musculoskeletal pain are encountered everywhere. If x-ray facilities are not available, one's diagnostic and management skills in orthopedics and in rheumatology become crucial.

Dermatology. Dermatologic complaints may be the single largest category one encounters in developing countries. Unfortunately, many tropical conditions are not seen often in training in the United States, so much may depend on learning basic skills of describing and investigating unknown conditions and on learning the treatments locally available.

Infectious Disease. Conditions, which are common in the United States, may be fatal abroad; some conditions uncommon in the States are likewise ominous abroad. In other words, an infectious disease elective may be excellent preparation for international experience; and international experience, in turn, is an excellent complement to infectious disease training.

Ophthalmology. Eye complaints are ubiquitous - whether due to refractive errors, allergy, bright sun, environmental irritants,

cataracts, glaucoma, or retinal or vascular disease. Many can be diagnosed if one is proficient at ophthalmologic examination.

Dentistr . Medical students learn to examine and manage illness in every body system except the teeth. However, many dental faculty are more than willing to teach medical students the basics of denta diagnosis, management and preventive care.

Q. HOW else can students and residents prepare for international health electives?

If available, an international health course is often the best preparation because faculty mentors and students interact, learning and planning together.

A number of IHMEC member institutions offer international health short courses which they make available to students and faculty from other institutions. These courses are relevant for health care professionals who plan to work in a developing country primary health care setting. Courses are designed to orient students to clinical and community problems they may encounter in a developing country.

PLANNING AN INTERNATIONAL
HEALTH ELECTIVE *
Suggested Timeline

YEAR IN MEDICAL SCHOOL

	2nd Year		3rd Year **				4th Year ***											
	MONTHS		MONTHS				MONTH											
	6	6	3	3	3	3	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
TWO YEARS BEFORE DEPARTURE																		
Consider the following:																		
When in medical school is best?																		
When is match day?																		
When is graduation?																		
Consider a summer elective																		
Identify an advisor																		
. Assess your motives for elective																		
. Assess your learning style																		
Identify possible sites/request information																		
Estimate program costs																		
Identify a possible funding source																		
Assess language requirements																		
Study a foreign language																		
ONE YEAR BEFORE DEPARTURE																		
Select a site																		
Begin research on the countries culture/customs																		
Determine your role/advisors role in contacting the site																		
Select elective dates																		
Get department approval for your plan																		
Arrange to get academic credit																		
Determine total cost of your program																		
Start raising money																		
SIX MONTHS BEFORE DEPARTURE																		
Confirm department approval																		
Explore specific details of the elective:																		
. Is there a letter of agreement from the site?																		
. Identify an on-site advisor																		
. Who will evaluate you and how?																		
. Where will you live?																		
. How can you be reached?																		
Inquire about airline schedules/costs																		
Reassess your funding/budget																		
THREE MONTHS BEFORE DEPARTURE																		
Apply for a passport																		
Apply for a VISA if necessary																		
Schedule immunizations																		
Arrange for insurance (health & medical evacuation)																		
ONE MONTH BEFORE DEPARTURE																		
Recontact on-site host or supervisor																		
Send travel schedule to on-site supervisor																		
Make on-site housing-arrangements if possible																		
Begin packing clothing, supplies, medication																		
Complete travel documents (passport, VISA, tickets)																		
Attend orientation sessions with advisor																		
. "Culture shock"																		
. Gender issues																		
. Adjustment to environment																		
. Your journal/project																		
. Other on-site issues																		
ONE WEEK BEFORE DEPARTURE																		
Reconfirm flights																		
Obtain travelers checks																		
AFTER YOU RETURN																		
Anticipate a let down/reverse culture shock																		
Prepare your report																		
Complete your medications																		
Thank your on-site host																		
Share your experience																		

*This checklist was developed by Carol Davis from information found in International Health: A Manual for Advisors and Students by Chris Krogh, MD, MPH with Ron Post, M.D. For an indepth discussion of these issues, please consult this manual.

**All basic clerkships are completed during the third year.

***An international health elective may be completed any time during the fourth year. This example is based on taking such an elective in year four.

Please refer to the IHMEC web site a ihmec.org, as well as the chapter on Curriculum for more detailed information about courses of this type.

However, each person may have a different process of self-preparation. Opportunities to prepare for international work may be found

in one's own school or community. For example, it is possible to become familiar with diverse cultures and beliefs by getting to know foreign students studying at one's own school. Work on projects to assist medically underserved or multi-cultural populations in the community - cross-cultural settings will most likely be encountered in one's own backyard. These

types of contacts may also help explore motivations for international work.

Additionally, a number of references and other resources are listed throughout this Guide that students may use for preparation, either individually or in consultation with an advisor.

ADVICE FOR ADVISORS ASSISTING STUDENTS AND RESIDENTS WITH PREPARATION COURSES

Kevin Chan, MD, University of British Columbia

- **Set a learning timetable** – Help students prepare a timetable of issues to be learned before they go overseas. Some topics may be covered on a weekly basis, whereas others may require a weekend to work through. The role of a faculty advisor is to facilitate the learning process, not to direct it. As examples from medical schools in Ottawa and Vancouver, Canada, weekend orientation sessions are organized by students and former students, with faculty members providing meeting locations such as personal homes, and acting as participants in the orientation (but not as directors.)
- **Use participatory techniques** – Students may learn best when allowed active participation in learning cycles. Participatory techniques encourage sharing perspectives, necessary to building a holistic understanding of health issues. This leads to meaningful action and the basis of new knowledge and understanding.
- **Facilitate** – be prepared, exude energy, encourage humor, think positively, be careful, remain sensitive to special needs
- **Encourage teamwork** – Even if a student is traveling alone, it is important to learn interaction skills in potentially uncomfortable and unfamiliar situations – these situations are realities of international health work. It may assist students grasp complex concepts, and encourages creativity.
- **Encourage work in disadvantaged communities at home** – a good way to learn about international health work abroad is to work “internationally” at home first. Encourage this participation.

PUBLICATIONS

1. The American Medical Student Association (AMSA) has published several guides intended primarily as resources for medical students planning overseas experiences. The majority are available in full text online at www.amsa.org/gh.html:

- *International Health Electives for Medical Students*
- *Creative Funding for International Electives*, published in collaboration with IHMEC
- *Linking International and Domestic Health Care: Starting an International Health Curriculum at Your School*
- *Bringing International Health Home*

Available in hard copy only:

- *A Student's Guide to International Health and Funding Guide*
- *Cross-Cultural Medicine: What to Know Before You Go*

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

3. Chan K, Hillman E, Hillman D. *The International Workbook Guide for Students and Residents*. Ottawa: Centre for International Health and Development, 1996.

4. Wotton K, et al. *Basic Concepts in International Health*. Ottawa: Canadian University Consortium for Health in Development, 1994.

5. Wotton K, Cosway N. *Orientation Guide for International Health Electives*. Ottawa: Canadian Society for International Health, 1995. 1105-One Nicholas St., Ottawa, Ontario, CANADA K1P 2V2.

6. *Lonely Planet Guide* of the country or area to be visited for general background information

7. Community Health Resource Units?

8. Briefing and debriefing sessions at USAID/CIDA?

Web Sites

Following is a list of web sites that may be of direct benefit for medical students, residents, and health professionals preparing for work abroad. A more comprehensive listing has been prepared by Tom Hall, DrPH, of the University of California San Francisco, currently available online on the web site of the International Health Medical Education Consortium (IHMEC), ihmec.org.

1. American Medical Student Association (AMSA) International Programs – www.amsa.org/gh.html

2. International Healthcare Opportunities Clearinghouse, University of Massachusetts Medical School - www.library.ummed.edu/ihoc.

3. International Federation of Medical Students' Associations – www.ifmsa.org.

4. International Committee, Society of Teachers of Family Medicine (STFM), www.rushu.rush.edu/familymed/stfm, with full text of Krogh C, Pust R. *International Health: A Manual for Advisers and Students*.

5. Canadian International Health Education Network (CIHEN) – www.cihen.cstudies.ubc.ca.

Includes *The International Workbook Guide for Students and Residents*.

6. Global Health Council – www.globalhealth.org

7. Canadian Society for International Health – www.csih.org.

8. American Society of Tropical Medicine and Hygiene (ASTMH) – www.astmh.org

9. Centers for Disease Control and Prevention (CDC) - www.cdc.gov, includes the annually updated “yellow book” *Health Information for International Travel*.

10. World Health Organization (WHO) – www.who.org, includes the annual *World Health Report*, and monthly *Bulletin of the World Health Organization*.

11. United Nations Children’s Fund (UNICEF) – www.unicef.org, includes the annual report *State of the World’s Children*.

12. Joint United Nations Programme on HIV/AIDS – www.unaids.org.

13. United Nations High Commission for Refugees (UNHCR) - www.unhcr.ch, includes the monthly *Refugees*.
14. Pan American Health Organization (PAHO) – www.paho.org, includes the full length text of the quadriennial *Health Conditions in the Americas*.
15. Teaching Aids at Low Cost – www.talcuk.org.
16. Healthlink – www.healthlink.org.uk/index.html
17. Hesperian Foundation – www.hesperian.org
18. Oxfam – www.oxfam.org
19. Christian Medical and Dental Society, www.cmds.org
20. Doctors Without Borders/ Médecins Sans Frontières – www.dwb.org,
www.msf.org.
21. World region and individual country background information is available online in concise form from the publisher of the *Lonely Planet* series of travel guides – www.lonelyplanet.com.