

GLOBAL CHILD HEALTH ELECTIVES TOOLKIT





ICHG is a special interest group of the Royal College of Paediatrics and Child Health (RCPCH) based in the UK. It is a group for paediatricians and health professionals with an interest in improving global child health.

The ICHG main areas of work focus on education, training, advocacy, networking and supporting professions.

For more information about what we do, please visit our website.

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General Enquiries: intchildhealth@gmail.com

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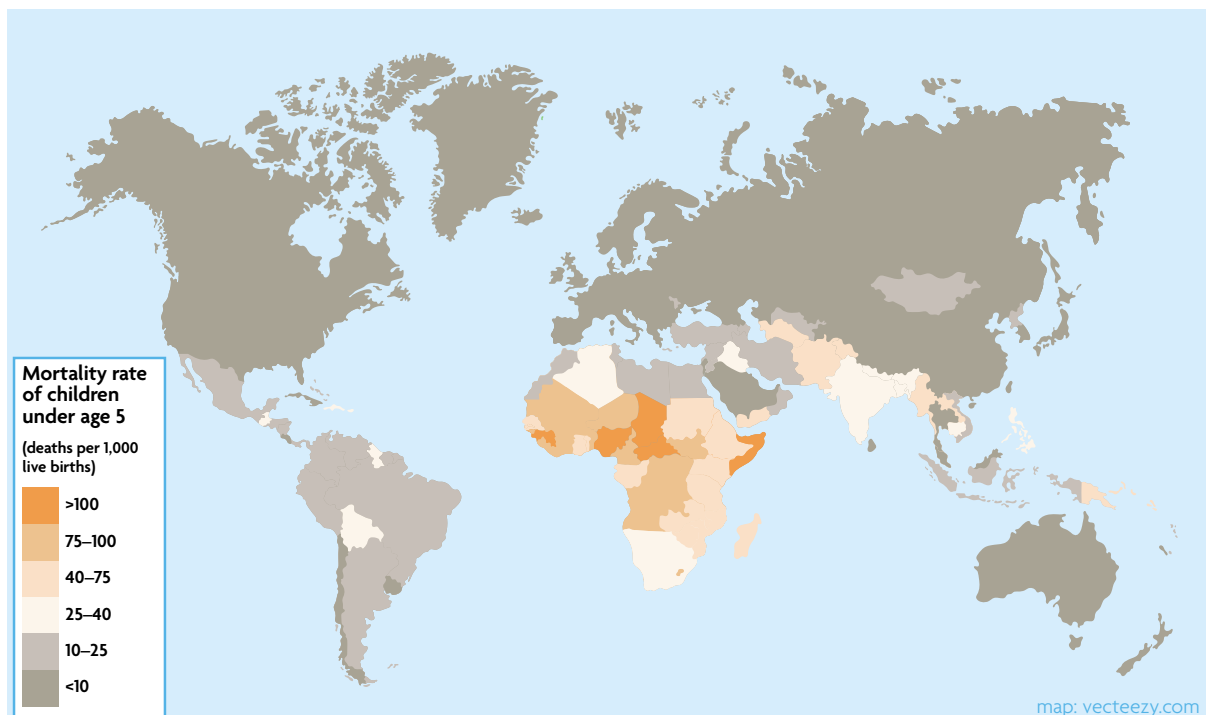
Introduction

Purpose of the Toolkit

This toolkit has been devised to be a unique guide to your elective in child health. It hopes to act as a helpful prompt as you consider the preparation BEFORE, make the most of your experience DURING and support your reflections and development AFTER your elective placement. We have also included some illustrative case scenarios, advice from other medical students and many helpful resources. It will help you to make the most of your elective in child health.

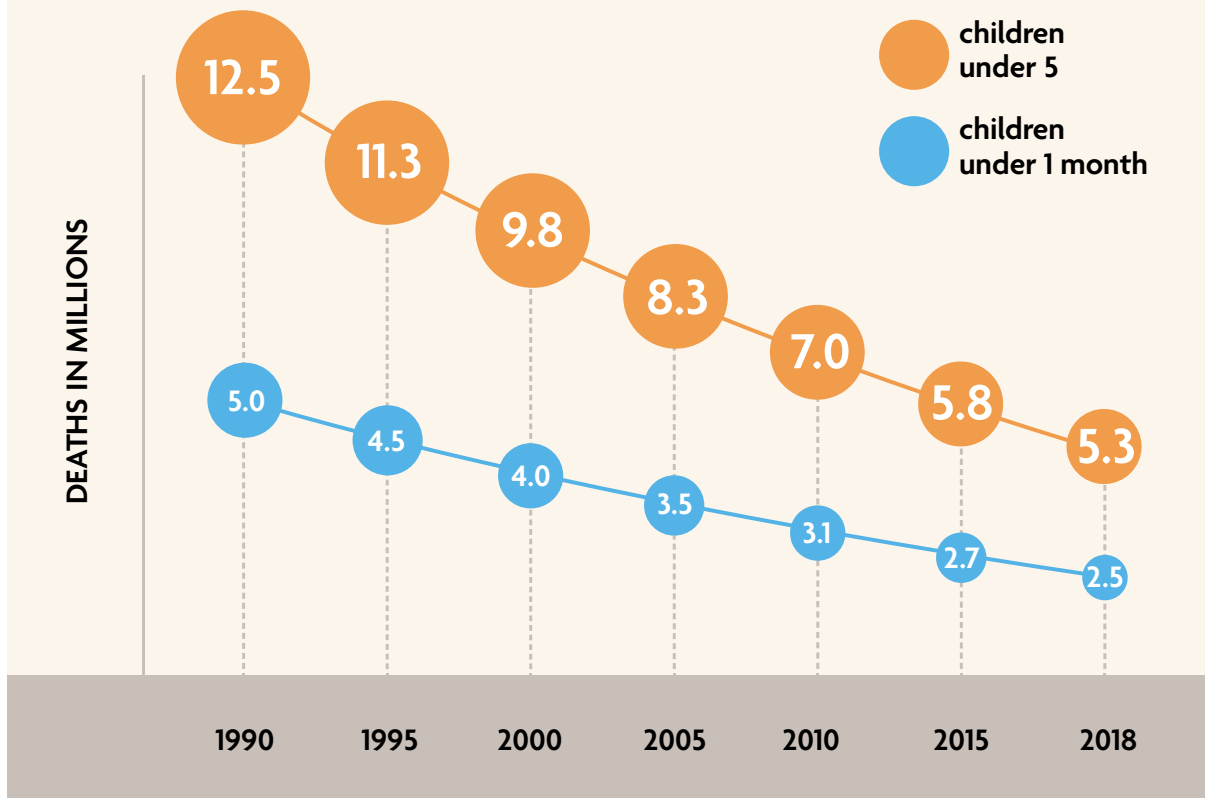
Background to Global Child Health

Globally, causes of morbidity and mortality among children vary greatly by age, region, access to healthcare and resources, and conditions for growth, development and wellbeing (fig1). Almost 50% of all childhood deaths occur during the neonatal period (fig2). Access to quality healthcare, supporting children's rights, promoting healthy and safe living environments, and addressing harmful social, economic, political factors all play an important role in minimising disease and mortality during the first 1000 days of life as well as all the way through to adulthood and beyond.



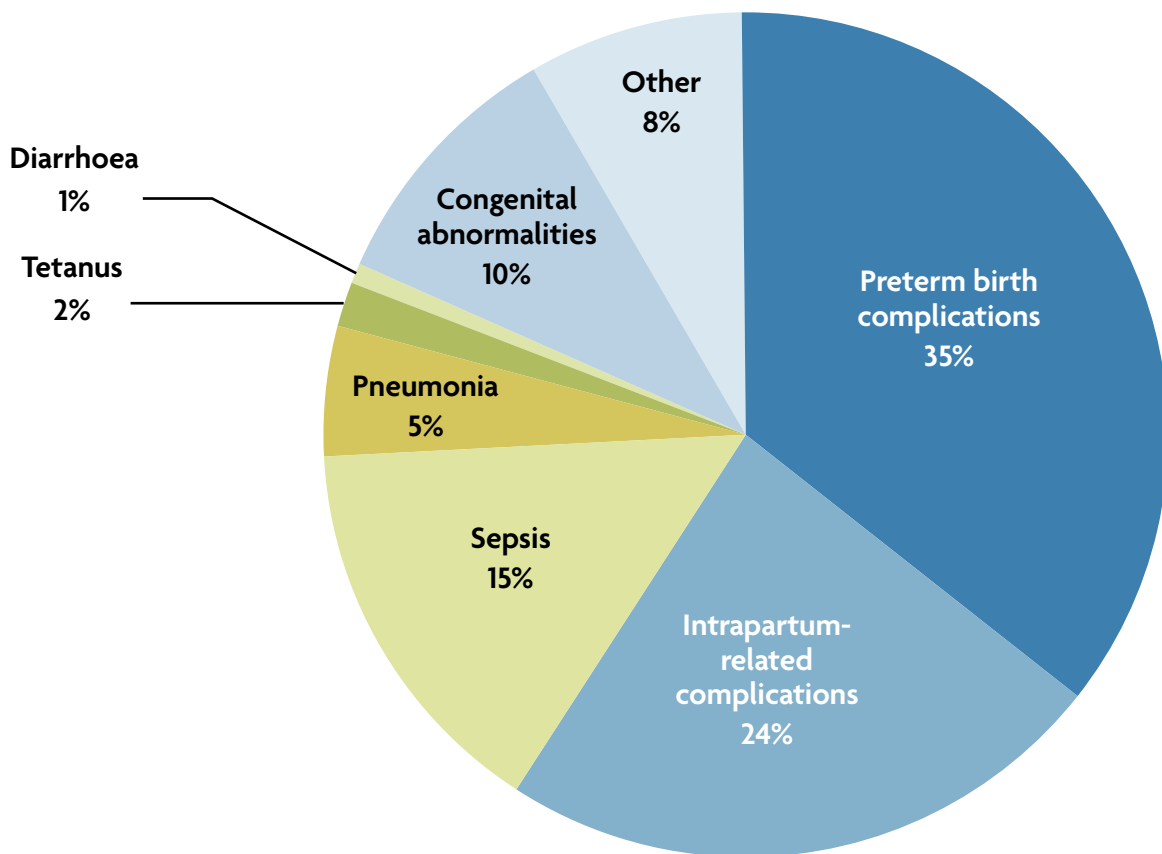
(Fig 1. Source: Unicef UK Ending Preventable Child Deaths Report 2020)

Number of deaths in millions



(Fig 2. Source: Unicef UK Ending Preventable Child Deaths Report 2020)

Although child health has improved for many during the 20th century, inequalities continue across the world and within countries. Infectious diseases, including pneumonia, malaria and diarrhoeal diseases, as well as prematurity, birth asphyxia and trauma, and congenital anomalies remain the leading global causes of death for children under five (fig 3). Children with severe acute malnutrition are at an additional risk of death from common childhood illnesses compared to well-nourished children. Nutrition-related factors contribute to about 45% of deaths in children under-5 years of age.



(Fig 3. Global distribution of neonatal deaths, by cause, 2013. Source: UNICEF Report: Enormous progress in child survival but greater focus on newborns urgently needed 2014)

International trends of childhood mortality and morbidity are gradually moving away from infectious diseases, and towards accidents (including road traffic injuries and drownings). Non-communicable diseases (NCDs) including diabetes and obesity have emerged as significant drivers of ill health among children and adolescents as well as mental health (including depression, anxiety and PTSD) as significant causes of morbidity worldwide. Further fascinating figures can be found at the WHO Global Health Observatory.

Chapter 1

BEFORE

This chapter outlines some of the preparations that you need to consider when organising your elective. It is helpful to start thinking about your elective at least one year in advance, particularly if you plan to spend time in a low resource setting. The key to a great elective experience is being organized and starting planning early!

We recommend:

- Asking your medical school about recommended resources
- Researching online from reputable sources
- Talking to other students who have recently returned from their elective
- Discussing with your family and/or your sources of financial support regarding practical and financial arrangements

If you are planning to travel as a group, it is worth having discussions early to ensure you consider the needs of the individuals and whole group as well as the possible impacts group travel may have on a host community, such as mitigating disruption and cultural competence.

Key Considerations

1—What are your objectives for your elective?

Consider what you want from your elective and whether this is achievable within your time frame and resources.

Ideas include:

- To experience and understand healthcare, policy, research, advocacy or activism in a different country or setting
- To experience a particular speciality in more depth
- To get involved in different types of research, audit or quality improvement projects
- To learn about different ways of practicing medicine
- To gain experience and develop knowledge of conditions infrequently seen in the U.K. e.g. malaria and less common infectious diseases
- To experience a new culture, language or country

“I wanted to experience an entirely different type of culture and medicine to the UK, whilst supporting a local clinic in its community work and being able to do the whole experience in Spanish.”

Edie went to Guatemala in 2019

“I chose to have my elective in Good Shepherd Hospital in Swaziland (Eswatini) as I wanted to have some experience of healthcare in a relatively resource-poor and rural setting, in a country where English was used as the main language used within healthcare.”

Dan went to Eswatini for his elective in 2018

“I was keen to visit this part of the world and found a friend who also wanted to do her elective in the Caribbean. The elective provided the opportunity to be involved in lots of different specialties, including paediatrics which was a bonus for me, [as I was] not certain of which speciality I might do in the future.”

Molly went to Grenada for her elective in 2019

2—What is your elective plan?

There are many different ways to undertake an elective. Electives can be clinical, advocacy, research or policy-based or a combination of any of these. Some medical students use package electives organised by travel/electives agents, some contact a host institution directly, and others arrange their elective directly with a particular consultant or charity/organisation. This is not an exhaustive list of methods to organise your elective. It is important to ascertain early what the proposed elective will include to make sure you achieve your personal elective aims.

“I organised it through an organisation called Medics Away which I found on Nottingham Medical School’s elective report bank.”

Molly went to Grenada for her elective in 2019

“We applied to University of Sydney (amongst others e.g. Royal Children’s Hospital Melbourne and Starship Hospital, Auckland). It was University of Sydney’s elective programme that appealed most to us, as it allowed us to rotate through 3x paediatric subspecialties within the 6 week elective.”

Isra went to Sydney for her elective in 2020

Ask packages/hosting institutions/hosting colleagues for more details about the elective in order to help you know what you are signing up for. It might also be sensible to ask them to put what you have agreed in writing. Key questions to consider are outlined below:

What are the accommodation arrangements?

- Hospital accommodation
- Host family accommodation
- Self-catered accommodation arranged by package
- Self-catered accommodation arranged by yourself

“I lived with a local family for the duration of my elective—and this was the biggest joy! (...) I became fully immersed in the local culture from day one; learnt traditional dishes, games, songs; and built lasting relationships.”

Eddie went to Guatemala for her elective in 2019

“We stayed at the medical student accommodation provided by the University of Sydney, which happened to be right next to the hospital! Pros: accommodation was really nice (...), was cheap and could be refunded by NHS bursary. Cons: I didn’t mind this personally, but the rooms were shared (...) this kind of accommodation probably isn’t ideal if you prefer your own space most of the time.”

Isra went to Sydney for her elective in 2020

What will the placement involve?

- What do you expect to be doing on a daily basis? (Note that students should not be doing anything that they would not do in their home country, such as medical or surgical procedures without adequate experience/supervision)
- Are you expected to be only shadowing, or would you also be expected to see patients or run certain areas of research? It may be sensible to request a weekly schedule of expected activities
- Will there be other students there?
- Who will be supervising you both academically and clinically?
- Is this the first time they are supervising medical students?
- How often are you going to see your educational supervisor?

What is the hospital/institution like?

- Is it a primary, secondary or tertiary health centre?
- Is it a private or government funded institution?
- Is it rural or urban?
- What sort of population do they treat?

Where is the hospital/institution located?

- How far is it from the accommodation?
- How does local transport work?
- Do you need to drive or be driven?

What is the working culture like?

- What time does activity start and finish?
- Do they have a big team?

“I worked in a tiny rural clinic, run by one doctor, with a small team of non-medical professionals who led other community initiatives in health promotion. In lots of ways the medicine was challenging—limited resources, poor sanitation and virtually no investigations—however to experience something so far removed from what we have in the UK was a unique and valuable experience.”

Edie went to Guatemala for her elective in 2019

For research-based electives:

- Do you need to take consent from participants?
- Will you be working with human or animal tissue specimens? If so, who organises your training and paperwork to do this?
- Is the research proposal already approved by local organisations?
- Does the research require ethical approval, and if so, has this already been granted?
- Who is funding the research?
- Do you need additional training (e.g. lab skills, data analysis software) to conduct the research? And if so, who facilitates or funds this?
- Could your research involvement exclude local researchers from participation?

What is the language and culture?

- What is the language typically used by healthcare professionals?
- What is the language typically used by patients?
- Will you have access to a translator?
- Are there cultural norms specific to your host country that would be wise to learn about?

What is your budget?

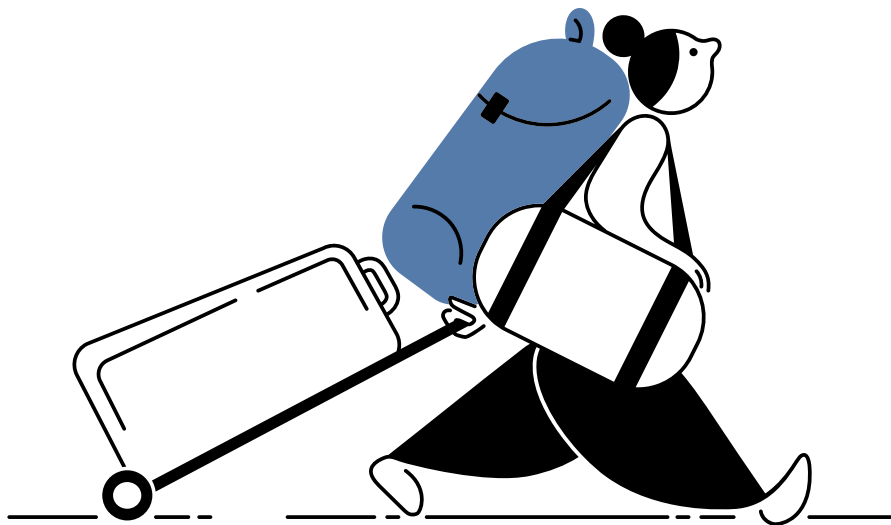
- Can you afford essential expenditures (e.g. flights, vaccinations, malaria prophylaxis, visas, living costs, travel insurance, medical insurance)?
- Can you afford recreational extras?
- Do you have access to any grants or bursaries to help finance your elective?

“We stayed in the sweetest AirBnB apartment in Pokhara (...) Having our own apartment meant we could cook some meals and save cash, plus we had more privacy and freedom. (...) we were able to claim back accommodation fees as part of the elective!”

Imara went to Nepal for her elective in 2019

Who are you going with?

- Are you going to be living and working with them?
- Will you travel with them?
- Do you get on well?
- Are you intending to travel alone, and if so, will it be safe to do so?



“I lived at a house on the charity’s site. It was good to be with other students as I had travelled out on my own but accommodation was very basic, as I had expected. There were lots of power cuts due to political unrest at the time which was tricky in terms of lighting the house and being able to cook food. Definitely take snacks you can eat if there is no heat. Also there was listeria in the water supply so all water had to be boiled and then cooled again.”

Carenza went to Malawi for her elective in 2019

Other Practical Considerations

What are the immigration requirements and visa arrangements?

- Do you need a specific visa for entry or for volunteering/working?
- Are there restrictions to your daily elective work if you get a working visa?
- How long does it take to apply for a visa? Tip: Enquire about this early - working visas in some countries can take months to process
- Is your host organisation able to help you arrange a visa?

Are there any other entry requirements?

- Remember requirements may change last minute so ensure you are up to date before travelling
- Some countries require evidence of immunisations as part of visa requirements e.g. Yellow Fever, COVID-19.
- Some countries may require periods of quarantine before and after entry and for some countries quarantine hotels/facilities may need to be booked in advance

Who organises transport to your hosting institution/accommodation?

- From and to your flight home?
- Between your accommodation and your workplace?

“Think carefully about lay-overs, especially if travelling on your own. Some places are not very safe as a solo traveller and some countries may require you to purchase a visa to stay overnight and the costs can climb rapidly.”

Carenza went to Malawi for her elective in 2019

“At the end of my elective we had a bit of a stressful situation as we did not book the coach back to the airport correctly, and we ended up having to take a rather frantic and last minute 200 mile taxi ride instead!”

Dan went to Eswatini for his elective in 2018

Health and Safety

When planning your elective, it is important to consider your own safety and wellbeing.

What is the local security and stability of your elective region?

- The UK government website on foreign travel is very helpful to review early in your planning (<https://www.gov.uk/foreign-travel-advice>). You can set alerts to come straight to your email inbox if there are any changes to travel requirements or new restrictions.
- Minoritised or more vulnerable groups (e.g. race, religion, LGBT-Q, lone women travellers): you may need to be more aware about local culture and consider how this might affect your travel plans, for example if travelling alone at night.

What vaccinations are required for your elective?

- We suggest organising a travel clinic appointment with your GP or local travel clinic at least 8 weeks prior to travelling.
- Some vaccines need to be administered several weeks prior to travelling, and some may also require an additional booster dose prior to travel.
- The NHS provides useful information regarding travel vaccines (<https://www.nhs.uk/conditions/travel-vaccinations/>).
- The TravelHealthPro website can also give you an idea of what vaccines may be needed (<https://travelhealthpro.org.uk/>).
- Not all travel vaccines are covered by the NHS so you may need to pay for them.
- Check that your GP can provide all the vaccines you need as you may need to visit a specialist travel clinic in addition to your normal GP practice.

“Don’t delay getting your vaccines—rabies has to be spread over several weeks. If in receipt of NHS bursary you can claim for many expenses such as vaccinations, visas etc.—do your research before you go and keep receipts!”

Carenza went to Malawi for her elective in 2019

Do you need any prophylactic medications (e.g. malaria, schistosomiasis, HIV) or preventative equipment/clothing?

- [The TravelHealthPro website](#) is helpful to review whether prophylactic medications may be needed for the area of your elective
- Not all medications are covered by the NHS, for example you are likely to need to pay for antimalarials via a private prescription from your GP.
- Take long sleeved clothing, bed nets and consider 50% DEET skin spray to malaria or other mosquito-borne disease areas and diarrhoea relief/ water purification tablets if required. These items may not be easily available to buy in your host country so it is worth checking this in advance and taking spare supplies.

“Hadn’t done much research into local infections such as schistosomiasis, trypanosomiasis (...) it’s much cheaper to buy Praziquantel on the continent.”

Carenza went to Malawi for her elective in 2019

Do you have any chronic health conditions?

- If you have any underlying health conditions, allergies, are pregnant or take regular medications, you may want to discuss your travel choices with your GP/host organisation.
- Check what health services are available locally in case you need any medical care
- Some organisations may ask for a letter from the GP stating that you are fit to travel

Do you have appropriate travel and indemnity insurance?

- There are many forms of insurance that may be appropriate for your placement, including travel insurance and insurance for belongings. Some electives may require medical indemnity insurance
- Some insurance companies offer specific insurance for electives.
- Speak to your elective hosting institution, agency or medical school to get more information and advice.

Does your organisation require a valid DBS (Disclosure & Barring Service)?

- If so, speak to your medical school to obtain more information and advice on how to obtain this for your elective.

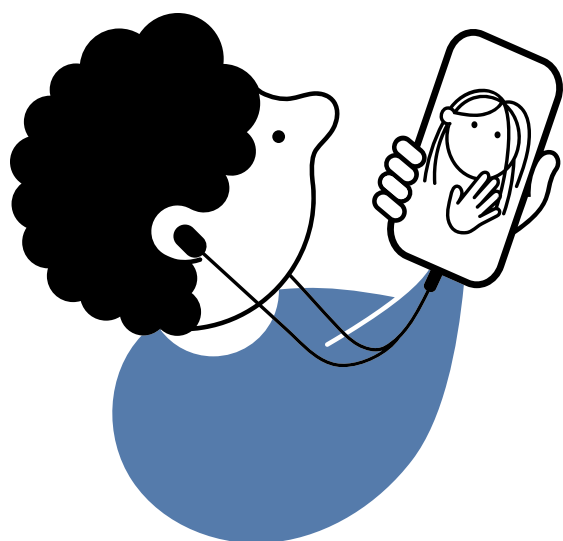
Do you have appropriate support?

Practical support

- What support does your medical school provide e.g. mentor?
- What protection does your insurance provide?
- Do you already know anyone locally e.g. family or family friends?
- Is there a local contact for your elective?

Psychological support

- Are you going alone?
- How are you going to keep in touch with your family/loved ones?



“I unfortunately became quite unwell during my elective which was quite scary. Luckily I was out there with a friend who was amazing and helped me get the help I needed.”

Molly went to Grenada in 2019

Final Advice for Preparation

Once you have arranged your elective, it is well worth reading as much as possible about the area you are visiting. Reading travel guide books, blogs or websites will help you learn about the main health burdens, health services, histories and cultures as well as help you decide where to go on your days off. Individual country profiles and statistics can also prepare you about common health conditions and social issues that you may encounter on your elective.

More details about relevant medical reading can be found in the next chapter.



Words of Wisdom

“What do you wish someone told you before you went on your elective?”

“Insulated water bottles are a must in hot climates! If you are going to be in malaria prone areas bring lots of elastic bands/ parcel tape to seal holes in nets—hostel nets in particular can be rubbish. Buy a decent external power pack before you go to any rural area. Never forget to reapply insect repellent after showers and take much more than you think you’d need. Most hostels will have a locker but you need your own lock. If buying food from the markets make sure you wash everything thoroughly!”

Carenza worked in a rural hospital in Malawi

“Overall I think I was quite well prepared (...) but is still impossible to avoid culture shock entirely! I think I probably wish I knew it was ok to ask lots of questions early on upon arriving, to help me understand and adapt quicker. I would definitely recommend taking a well stocked first aid kit, ready for any eventuality!”

Eddie went to a rural hospital in Guatemala

“Your plans will change! And that you just have to be flexible and work through it. It’s all part of the experience and joy of being on an elective. You probably won’t be as involved as you might expect, which is not necessarily a bad thing as your role is to observe and learn rather than take over!”

Imara worked in an urban hospital in Nepal

“My personal tip is dental floss. It is great as an emergency string to hang a mosquito net. And you clean your teeth with it.”

Delan is the ICHG chair

“I wish someone had told me not to worry about it too much!”

Dan worked in a rural hospital in Eswatini

“If you are too organised and plan everything in advance the receiving hospital may forget you’re coming, check a month before!! I went to Brazil, turned up day 1 and they forgot I was coming.... not fun. Also pack 2 days worth of clothes in your hand luggage in case your main luggage goes missing—Especially when going from uk to hot country.”

Paula is a Paediatric Registrar who as a medical student went to Brazil

Chapter 2

DURING

This chapter aims to give you the tools and knowledge to make the most of your time when on your elective in child health, including our top clinical tips.

“Expect to be pushed out of your comfort zone regularly, but see challenges as opportunities to grow.”

Molly went to Grenada for her elective in 2019

“I felt a lot more confident in assessing children after my elective. Definitely learnt to be adaptive and to get on with working in difficult circumstances.”

Carenza went to Malawi for her elective in 2019

General Approach

The approach to a paediatric patient is similar across the world but their interaction with healthcare may vary dramatically. For example, the provision of healthcare will vary based on the availability of resources. Some facilities will provide treatment free of cost, whilst other facilities may expect their patients to pay the full cost of treatment. This could lead to differences in the way the children are managed. You should not be expected to assess or treat children on your own during your elective.

Healthcare Costs Case Study

A 5 year old child attends the paediatric department with a 2 week history of cough. The doctor requests a chest radiograph and some basic blood tests to check for pneumonia. The parents refuse as they cannot afford to pay for these investigations and they do not have any medical insurance for their child. The child is stable so the parents want to go home overnight and be discharged against medical advice.

In the UK, most patients do not pay for their healthcare, however this is not the case in many other parts of the world. Methods of payment vary considerably across different healthcare systems with many relying on upfront fees or medical insurance to cover healthcare costs. It can be hard to be faced with a family that cannot financially afford to take the recommended medical advice. In this case, the inability to do basic investigations may not have a direct negative effect on the health of the child as oral antibiotics could be given empirically for pneumonia. However this may not always be the case, for example if the parents are unable to afford treatment that is potentially life saving, such as PICU or NICU level care. You may find it useful to find out details about the differences in the way that patients pay for their healthcare during your elective placement. It might be helpful to learn the costs of common laboratory tests or treatments, and consider how affordable these are in that particular context.

Make sure you recap your basic knowledge from your paediatric placement before you go on your elective. Easy access to the internet is not guaranteed abroad, so consider taking electronic notes or textbooks with you on a tablet/laptop as a reference tool during your elective. It might be helpful to read about paediatric diseases and conditions more commonly seen in the Global South (HIV/malnutrition/TB/malaria) as well as common international paediatric disorders (asthma/diabetes/neonatal issues). Do check out the resource list at the end of the chapter.

Triage

You may observe triage systems very similar to that seen in your home country; it is worth spending time to understand the reason for these systems. Be aware that in resource limited settings the patients will often wait to be seen in the order that they arrive at the clinic. This may mean that a child attending a routine follow up clinic for a chronic disease may be seen in a similar time frame to a child that is critically unwell. There is a free online training course by RCPCH called Emergency Triage, Assessment and Treatment plus (ETAT+), which we highly recommend completing before your elective. This will help you understand how healthcare systems across the world are increasingly using triage to improve the identification, prioritisation and management of acutely unwell children. Many countries have adapted the ETAT+ to suit their setting and population.

Resuscitation

Background knowledge on paediatric and neonatal resuscitation is often helpful before an elective that involves clinical work in children, but you should never be expected to resuscitate a child on your own as a student. An understanding of paediatric and neonatal resuscitation can often be obtained during medical school by attending courses such as a Paediatric Intermediate Life Support (PILS) course. Spotting The Sick Child (SSC) is a helpful resource that helps healthcare professionals better identify children with serious illness. You may find the resuscitation pathway varies significantly depending on availability of resources. Helping Babies Breathe (HBB) is a course that teaches the basics of neonatal resuscitation for use in resource limited settings. It concentrates on a simple ABC approach and you may come across the flow-charts from this course displayed in delivery rooms as an aide memoire for the staff.

Resource Allocation Case Study

You are involved in the care of a premature baby that is struggling to breathe. You are surprised when the team decides to not attempt to resuscitate the baby and start to consider palliative care instead. When you ask the reason for this decision, you are told that the baby was too small to survive. You know from your neonatal placement in the UK, that much smaller babies can survive and find it distressing that the team is not willing to try this potentially lifesaving therapy.

It is common to face differences in patient management during your elective, which can be hard to accept, especially if the management varies significantly from your experiences as a medical student. This situation also involves an ethical dilemma related to the threshold of treatment for this baby. In this acute situation, it is best to arrange to debrief with a member of the paediatric team about the patient afterwards. This will give you the time to talk about the management plan, the reasons for the decisions made and the differences between your elective experiences and previous experiences as a medical student.

You may find there are significant differences in the way resources are allocated in your elective placement. In low and middle income countries, the gestational/birth weight thresholds for active treatment of premature babies can vary compared to high income countries. This may be related to practical factors such as a lack of neonatal beds, lack of ventilators and lack of sufficiently trained staff.

These factors mean that premature babies in this situation may have a poor outcome despite maximal therapy as the department is unable to monitor the baby safely whilst on a ventilator. Departments in such a context often decide on local treatment thresholds in order to preserve quality of life rather than quantity of life. The ethical principles such as beneficence and non-maleficence are important in all healthcare contexts so the team will be considering both the potential benefits and risks of any management plans. You may also find that the cultural approach to disability varies in different contexts. For example, it might be felt that the survival of the child might place an unbearable burden of care on the family in a context where community paediatric services do not exist to support the later development of the child. Overall, it is important to ask questions and try to understand the reasons for any differences in resource allocation during your elective rather than be too critical of the alternative healthcare system. You may find your debrief conversation highlights an area in which the department could improve and provide a basis for a constructive audit during your elective placement.

Photographs Case Study

There is a really interesting patient on the paediatric ward that you want to include in your elective report. You want to take some photographs to illustrate the case but you are unsure about whether this is allowed.

Before considering taking any photos of patients or the hospital environment, it is essential to discuss this with your supervisor. Make sure that you obtain written consent for any photographs if you plan to use them for anything other than your own personal records e.g. within elective presentations/reports. You must make sure that you specify the intended use of the image when asking for consent from the parents/carer. The hospital may have a designated consent form that you should use if available. Be careful to be respectful to the child and their culture when taking any photographs. It is also important to maintain confidentiality if you want to share the child's story, especially on social media websites.

Safeguarding Case Study

You are reviewing a patient on the ward and note a large bruise on their arm when examining the child. When you ask the child how they got the bruise, they tell you that their dad hit them. You feel uncertain about what to do.

Everyone has a role in safeguarding children. This child has a clear injury with a history of physical abuse by the parent so it is best to tell a senior in your team straight away. Avoid asking for any further details as you do not want to alter the history given by the child by asking too many questions. A full safeguarding assessment will be required but this is not a task for a medical student. However you can always ask to observe this process if appropriate as the safeguarding approach differs significantly in different healthcare systems.

Often disclosures of abuse are less straightforward than the above example but you should always raise any concerns that you identify during your time with patients to the wider paediatric team. However be aware that there may be differences in how your concerns are addressed. You might find the signs of abuse might vary in different cultures and that views and attitudes to such signs may also be different. For example a child with an unkempt appearance with poor nutrition might be due to poverty rather than neglect in certain contexts. Similarly cultural norms of parenting and gender relationships may differ in other cultures. Finally you might find that the thresholds for social services input may vary considerably and these support services might be lacking within healthcare even if abuse is suspected. It is vital that you are guided by your seniors in these situations.

History Taking

Take the opportunities available to see and learn from patients and their families by taking histories; the structure of your paediatric history will remain the same but you may need to adapt it for different contexts. You may need the support of a language helper to communicate effectively. Here are some key questions to consider:

Age

- A child and their carer might not know their exact date of birth or age if there is no formal birth registration system.

Presenting Complaint

- What is the main issue (or issues) today?
- Explore the main issue as you would for conditions in your usual clinical setting

Past Medical History

- Ask about any past admissions to hospital or clinics or visits to local healers
- Consider asking sensitively about HIV/AIDS/TB exposure if applicable

Birth History

- Check the gestational age at birth and birth weight (if known).
- Ask where and how was the child born.
- Were there any healthcare professionals present at the birth?
- Did they need any help at the delivery (i.e. any resuscitation)?
- Check for any issues during the pregnancy, delivery or postnatal period (e.g. HIV)

Developmental History

- Ask about any concerns about development from the carers
- Check the age of key developmental milestones e.g. walking/talking
- Are there any developmental 'red flags'?
- Do they have any concerns about hearing or vision?
- Are they growing as expected? (NB remember to plot trend on a growth chart if available (you can find this on the WHO website))

Medications

- Ask about the type, route and dose of any regular medications
- Remember to ask about creams, inhalers/nebulisers and potions/homeopathy
- Check whether the medications were prescribed by a doctor or not.
- If not, how do they get access to the medications?
- Ask about any drug allergies.

Immunisations

- Schedules vary significantly across the world

Family History

- A complete family tree of 1st degree relatives is very important
- Remember to ask about consanguinity and half-siblings
- Check for any physical (HIV/AIDS or sickle cell) or mental illness in the close family

Social History

- Ask about education and current progress at school
- Try to find out a bit about their living conditions (e.g. type of house, who lives with them, rural/urban environment, access to clean water, sanitation and whether they toilet outside or inside their home)
- Remember to check for any smoking, drug and alcohol use by the child or close family
- Ask about any social services input (if services exist)
- Ask about recent travel, including within country



Examination

You may have to adjust your paediatric examination based on the environment. For example, privacy norms may vary and you may find that wards lack facilities in resource-poor settings.

Observe the child before approaching them. You can obtain a lot of information without formally examining the child, for example are they playing happily or lying still in bed? Think carefully about the key information you want to elicit and prioritise your examination, e.g. listen to the heart first as you may not be able to do this later if they start crying.

Do not forget to smile and be friendly. The best way to approach a child is to be opportunistic as many children will cry when approached by a stranger. If there are toys available, start by playing alongside the child or use the toys to distract the child as this is much less threatening than approaching them with your stethoscope first. It might be worth taking a few toys/stickers on your elective with you. If you make the examination into a game, the child might not even realise that you are examining them.

Treatment

Diagnosis and treatment in low and middle income countries is often guided by the WHO Integrated Management of Childhood Illness (IMCI) guidelines in the community and in hospital the WHO Pocketbook for Hospital Care for Children ('Blue Book') so check out these resources. Many departments will have their own local or national guidelines so do ask about these and take time to understand the treatment choices.

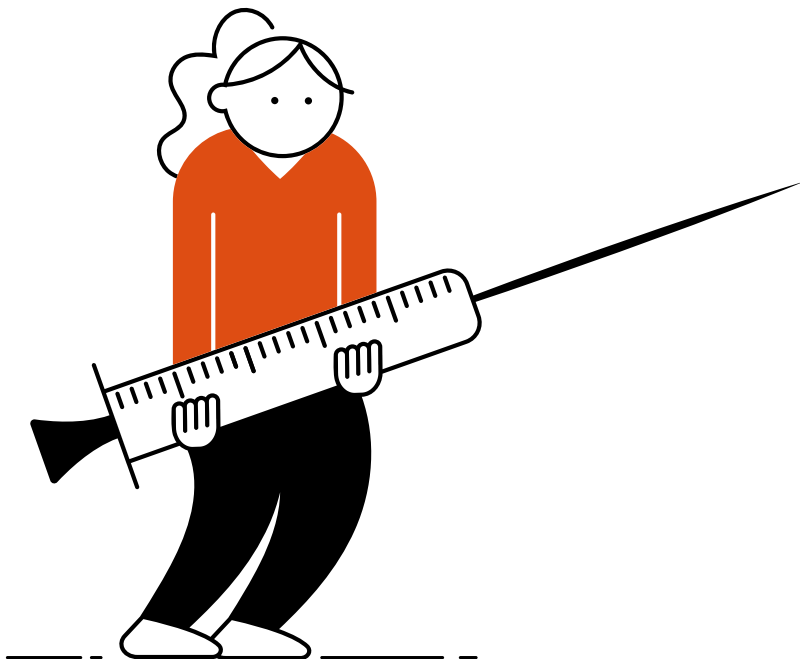
Consent Case Study

At the end of the ward round, the paediatric doctor suggests that you obtain consent from a 15 year old child for a lumbar puncture. Her parents/carers are not present and you have never performed a lumbar puncture.

The GMC guidance regarding consent for children applies regardless of the clinical context. You must not act beyond your competence whilst on elective and you should not obtain consent for a procedure you are not competent to perform.

As a general rule, it is important to involve the parents/carers in any treatment decisions. Be mindful that practices do vary across the world, including the legal definition of a child and the criteria for the caregiver with 'parental responsibility'. You should check with the senior doctor if you are unsure whether a child is able to provide consent without the support of their parents.

In this case, you should highlight your limited experience in completing this procedure to the senior doctor and ask them for supervision, both for the process of obtaining consent and the procedure itself. In some countries, medical students do complete lumbar punctures in children so the paediatric doctor may not be aware that they are asking you to act outside of your competence. Do not feel pressured to perform any tasks beyond your competence without appropriate supervision.



Making the Most of Your Time

Your time on elective is limited but here are some tips to make the most of it!

“Cherish every single moment of it because it is such a special time and goes so fast! It’s OK to be tired/sad/anxious at times and not to enjoy every moment of being away—that’s just normal life!”

Isra went to Sydney for her elective in 2020

“Physical and mental health go hand in hand, so looking after both of these was equally important to me.”

Isra went to Sydney for her elective in 2020

“Writing a journal/putting down my thoughts has always been a good way for me to reflect.”

Imara worked in an urban hospital in Nepal

Each Day

- Write down what you have learnt and look up something you would like to know more about.
- Have a daily reflective diary (an example is in the appendix of this booklet) in which you pick one or two cases that you have seen and reflect upon what struck you most, how were they managed, and was that different to how you have seen before?
- If you have seen a case which upsets you or you feel out of your depth, remember to speak to somebody about it.
- Daily wellbeing means simple things like having a daily routine, eating well and ensuring you have some ‘down time’, exercise or a treat.
- If you feel unwell (fever, significant diarrhoea/vomiting, headache etc), seek help early.
- When travelling or going to/from your placement remember to stay safe and minimise attention drawn to yourself. Take care of your belongings and consider a hidden/safety belt where needed.

Each Week

- Set aside time to look back over your reflective diary. If there is anything worrying you, then speak to a senior about it. Ask yourself what you have learnt about the setting you are in and how any differences impact on the patients.
- Set yourself learning objectives to build upon the following week
- Weekly wellbeing involves not letting any concerns drag out for a long time - instead speak to others about your thoughts. Always plan 'time out' during your weekends (see below).
- If struggling with sleep/homesickness/anxiety, check out the resources section.

“Taking time out away from others when necessary to have some space to think and reflect.”

Molly went to Grenada for her elective in 2019

“A highlight was joining a local football team for a tournament which made me very popular with the locals!”

Patrick went Madagascar for his elective in 2019

Weekends and Recovery

- If safe to do so, plan trips with others to surrounding areas. Do not feel guilty to enjoy this 'down time' but also take time to explore the country and learn about the culture of the place you are visiting. Always ensure someone you trust has your travel itinerary and a plan or list of in country contacts in case of emergency
- If not safe to travel, consider how to fill your days off. Ideas include meeting with other medical students on their electives in the same area or spending time relaxing in your accommodation. Consider downloading books/movies before travelling, depending on the local internet connection.

“We volunteered teaching swimming lessons, in the sea, to local children to try and help children to be safe in the water. Another project I got involved in was the Grenada Downs Syndrome Association. I participated in education events to help the understanding of the condition and helped fundraise to contribute to the building of a Downs syndrome community centre for families with Downs children.”

Molly went to Grenada for her elective in 2019

Elective Project: Research and Audits

- Ask the department/area/community you are working for if they have a small project that you could do alongside a local staff member.
- Remember to ensure it is helpful for the department and will be mutually beneficial for parties involved.
- This may be a formal audit or just thinking about simple changes to solve a problem in the department and support current improvement efforts.
- Participating in a simple clinical governance project is a great skill to learn and you may find it satisfying to be able to offer something back to your elective department before you leave.

Finishing Well

- Finish any projects in time and present your findings or reflections to your team if appropriate.
- If possible, have an ‘end of placement’ meeting with your supervisor.
- Look back over your reflective diary and check whether there are any unresolved questions. Ask them before you leave.
- It can be sad to leave so take time to say goodbye to those you have got to know. They may ask you if/when you will come back and might ask you for favours. Be sensitive and do not make promises that you cannot keep.
- If you have resources/items that you think you might not want to take home, consider respectfully offering them to your host community.

“I felt very sad as the end of my elective approached! This was mainly with respect to leaving my host family and the other friends I had made. We had farewell celebrations to turn it into a fun last few days rather than a sad time, and made sure we could stay in contact when I returned.”

Eddie went to Guatemala for her elective in 2019

Coping with Different Settings

During your elective, a toddler with tuberculosis is admitted to the paediatric ward due to his poor response to oral anti-tuberculosis medication at home. You see him on the ward round every morning and get to know the family well. One day he is not there on the ward round and you find out that he passed away overnight. This is a big shock to you but everyone else on the team continues the ward round as normal.

Paediatric deaths are significantly more common in low and middle-income countries. This means that the paediatric teams may not appear to be as affected by a sudden death on the ward as you may expect. Do not take this as a sign that the paediatric team does not care. Individual coping strategies with bereavement vary considerably based on cultural differences and personal perspectives. It may be emotionally draining for the paediatric team to grieve every child that dies on a paediatric ward in areas of high child death rates. Often this grief is not recognised on an individual level, such as the staff attending a funeral, but is instead channelled into something else positive, such as improving the care of the other patients on the ward. You also may find it very frustrating that some deaths are potentially preventable due to resource limitations and wider healthcare system reasons. This can make it harder to accept these deaths, especially if changes to prevent future similar deaths are not feasible.

Rather than try to deal with these emotions alone, make sure you talk to the other medical students and colleagues on your elective placement and your educational supervisor about any cases that upset you. You might find it useful to write a reflection about this patient to help you process your thoughts at the time and revisit this reflection after a period of time has passed. It might also be helpful to seek personal support such as the BMA counselling and peer support services on your return home. Fully recognising and acknowledging your emotions will make you a more empathetic doctor in the long term so do not be ashamed by your emotions. It is likely that you will not forget such a patient but make sure you give yourself some time and space to grieve. When you are ready it may also be helpful to reflect and learn from the factors, local, national and international, that may have contributed to this child's death and how individuals, organisations and the global community can work to prevent these.

Resources

Essential Clinical resources

- [WHO Integrated Management of Childhood Illness](#)
- [ETAT plus](#)
- [Spotting the Sick Child](#)
- [WHO Pocket book of Hospital care for Children](#)
- [Helping Babies Breathe](#)
- [WHO country profiles](#)
- [Oxford Textbook of Global Health of Women, Newborns, Children and Adolescents](#). Edited by [Delan Devakumar](#), [Jennifer Hall](#), [Zeshan Qureshi](#), [Joy Lawn](#).

Health Advice

- [NHS travel website](#)
- [National Travel Health Network and Centre](#)
- [NaTHNaC](#)

Wellbeing Resources

General health

- <https://www.nhs.uk/oneyou> (with many other app suggestions)

Mental health

- <https://www.mind.org.uk>

Sleep

- <https://www.nhs.uk/live-well/sleep-and-tiredness/how-to-get-to-sleep>
- <https://www.rcpch.ac.uk/resources/sleep-breaks-wellbeing-health-professionals>
- [HeadSpace app](#)

Sustainable Travel

- <https://www.thetravelfoundation.org.uk/resources-categories/what-is-sustainable-tourism/>

Audit Process

- <https://patient.info/doctor/audit-and-audit-cycle>

Ethics

- <https://www.bma.org.uk/advice-and-support/ethics/medical-students/ethics-toolkit-for-medical-students>

Chapter 3

AFTER

This chapter outlines some aspects to consider when returning from your elective. Returning from the placement is an important part of the elective experience and can be underappreciated. Experiences of placement vary greatly. Some will have had a positive experience, perhaps with some bearing on future career directions. Others may have encountered difficulty, not had a positive experience or undertaken a placement with little to do with their next career steps or changed them altogether. Regardless of where you find yourself on this spectrum, the 'after' aspect of the elective is crucial for your own development and progress.

“I did not have the opportunity to de-brief with anyone after returning home and I think this is something that would have been extremely useful.”

Molly went to Grenada for her elective in 2019

Catching Up With Your Mentor

A debrief can complement any pre-departure discussions you might have had with your mentor when planning your elective. It's worth trying to arrange to debrief with your mentor as well as any other formal post-elective debriefing your medical school or institution might offer. A meeting with your mentor can be used to revisit any concerns raised during the pre-departure stage as well as discussing the experience of the elective itself. You can talk about any challenging scenarios or unresolved issues, such as doubts in a tricky clinical situation or maintaining professional relationships. Having a mentor with experience in similar settings to your own experience can help you identify how the elective has affected your clinical practice and your future development. During your reflections with your mentor, you could also discuss steps that can be taken and additional support or resources that might be helpful. This can all help to make the elective as constructive, valuable and relevant as possible even if there were challenges and difficulties encountered along the way.

What if I don't have a home elective mentor?

Peer support can be useful, as well as use of online peer support groups such as 'Tea & Empathy' (T&E) on social media. Consider connecting with the ICHG Mentorship Network (<https://www.internationalchildhealthgroup.org/mentorship>). There is also support offered by the BMA and you may find there is an medical school elective lead or relevant contact at your institution.

Common Challenges and How to Overcome Them

Returning to Work and ‘Culture Shock’

“I have spent a portion of my childhood living abroad, so coming home to the UK wasn’t too much of a culture shock for me. But it’s important to recognise that culture shock is something you’ll probably experience and it will make you feel uncomfortable. Checking in on how privileged you are to be able to travel freely and without discrimination is so important. Writing a journal/ putting down my thoughts has always been a good way for me to reflect.”

Imara worked in an urban hospital in Nepal

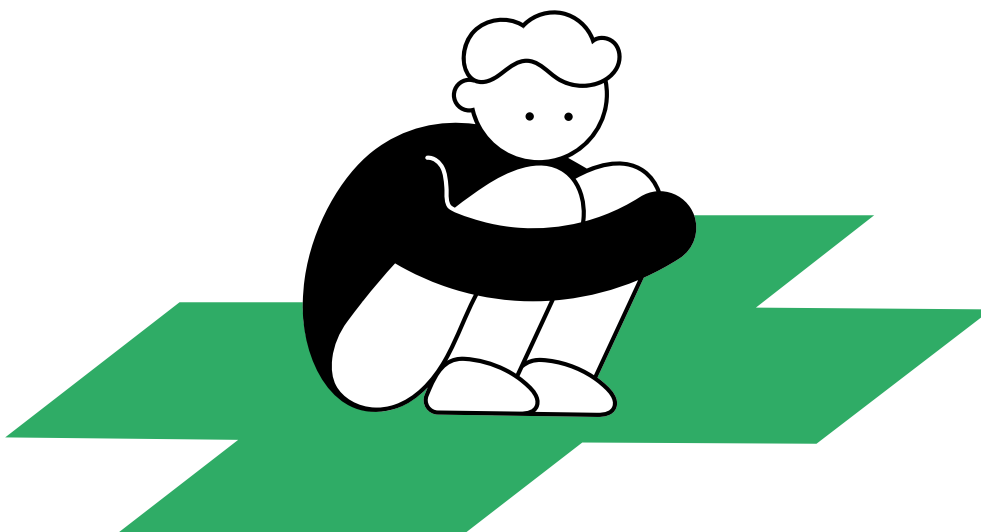
Returning to clinical practice in your own setting can be challenging after an elective somewhere different. This can be especially impactful after time spent in a low-resource setting or where interventions available to improve the health of sick children in your home setting were not available. Significant differences in the quality of care that can be given often relate to the availability of medical resources (access to care, diagnostics, interventions), differences in staffing levels and safety of the clinical environment. There might a difference in workplace culture, caseload or pace of work, as well as differences in the day-to-day burden of disease and the social understanding, attitude and approach towards death and illness. This can be a shock when little time passes between returning from the placement and resuming or starting work in your own setting. Re-adjustment could include issues such as differing working hours or conditions, where a graduated change might be more constructive than a sudden one.

Raising issues with an elective mentor as part of the debriefing can be helpful here. Consider discussing any concerns and the process of adjustment with a clinical or educational supervisor in the workplace. They might be able to help facilitate a process of re-adjustment if they are aware of some of the challenges you might face.

Feelings of Social Isolation

Experiences whilst on electives can impact how we feel in our own home settings - shifting our perspectives of home upon return. For some, there can be a sense of social isolation when returning to your usual clinical environment. It may feel like others do not recognise or understand the challenges of adjusting to the different array of everyday activities.

It is also important to note that electives are unique to individuals experiencing them and no two experiences on the elective are necessarily alike. Even among peer groups, those who have undertaken an elective at the same institution may have vastly differing experiences. It can be helpful to speak to peers or share your experiences with others both during and after the placement to help with your personal processing of the elective.



“Returning to UK medicine highlighted again the limited resources and care available in Guatemala, and I actually found this very difficult to make peace with on return. Debriefing was key in being able to process this and readjust.”

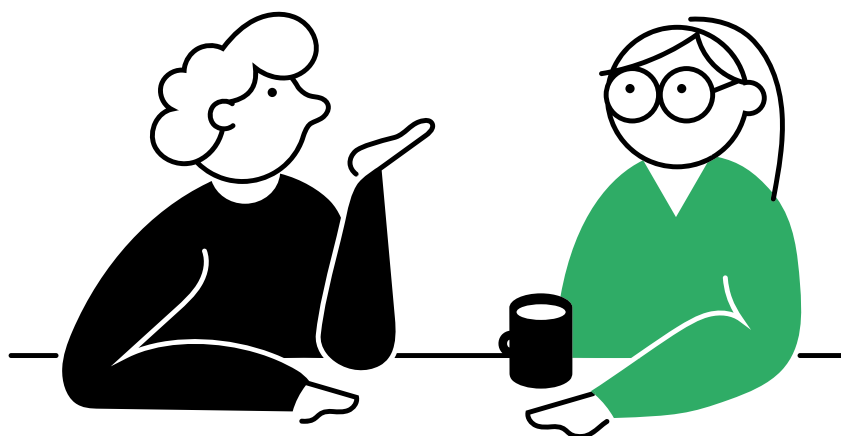
Edie went to Guatemala for her elective in 2019

Unresolved Matters from the Elective Placement

It is not uncommon to return from the elective with unresolved reflections. Examples include;

- difficult clinical scenarios
- different approaches to patient management and questioning if something else could have been done
- whether your presence on the elective improved or impeded the quality of healthcare delivery
- negotiating new friendships made among colleagues and community members during the elective
- questioning the impact of the broader social, environmental and political conditions affecting child health and the burden of disease and mortality.

A meeting with your mentor after returning can be used to explore and address these concerns. Additionally, speaking to more experienced colleagues who may have had similar career experiences, may help make sense of thoughts and these common dilemmas.



Personal Development

What lessons can be learned from my elective?

For many students and clinicians, the elective can continue to have an impact long after returning. There can be immediate reflections that change how you go about your daily activities, both in clinical environments and personal settings. You may find the medium and long term impact of the elective, such as significant cases, circumstances, experiences, and their reflections, can have a profound impact on you for many years.

It can be helpful to revisit your reflective log or elective diary at different points after returning to bring a different perspective to the issues raised. Writing a formal reflection at the end of the elective can be beneficial for your own reflective process as well and can be relevant to add in your career portfolio. Making an entry after returning home can be used to wrap up the elective experience, helping to make the process more wholesome. Some of the questions below can help guide your thought-process:

- What goals or aims were set out at the beginning of the planning process?
- What areas did you hope to develop and grow?
- Did you get out of your comfort zone - what did you learn from this?
- What have you learnt about child health on your elective?
- What were the key factors and contexts?
- What are the similarities or differences to those in your home setting?
- Did the elective change your own relationship to medicine and healthcare, if so, how?
- How can my experiences improve my clinical practice?

“I think that I was a little surprised to find how much I enjoyed working in a more rural and resource-poor setting during my elective, and as a result this is a setting that I may consider working in again in the future.”

Dan

“I found that the experience I had in the rural clinic on my elective improved my consultation skills (particularly when using an interpreter), and gave me more confidence in clinical decision-making.”

Dan

We hope that your elective experience helped develop your understanding of child health in a new setting. You may have witnessed different types of clinical presentations, different conditions and a different patient demographic. You may have also learnt to identify common features of a sick or deteriorating child. Finally, your elective may have boosted your confidence or given you a new understanding in other areas, such as health policy and mentoring.

“I think it improved my knowledge and confidence in paediatrics (which has been my first proper FY1 job), which has been really valuable as this is a specialty, I am considering pursuing a career in.”

Isra

“My elective has definitely caused me to consider medicine outside of the UK and developed countries as a real career possibility in the years to come—whether as an F3, as part of an ongoing partnership, or long term. I’m still in contact with the doctor from the clinic and wouldn’t hesitate to make contact about future possibilities!”

Edie

Moving forward in your career

An elective in a global child health setting may spark an interest in the field and spur you on to explore related fields. For many in the early stages in a clinical career, an elective can be a useful and eye-opening experience. It could lead to a career interest in clinical paediatrics or global child health. For others, this may not be the case, and that is totally fine as well! The elective can serve as one of many opportunities to widen perspectives, gain experience and develop as a professional.

For those enthused by child health and paediatrics, here are a few suggestions of some next steps:

- Choosing student selected modules in Paediatrics/Child Health or Public/Global Health
- Completing a research or quality improvement project during student research or special study modules
- Considering extra-curricular involvement in ethical global child health research
- Volunteering locally or nationally for organisations supporting child health initiatives
- Undertaking further placements in your home country
- Campaigning and advocacy on child health issues (see next page)
- Attending the RCPCH annual conference, ICHG Winter Meeting or other global child health events
- Planning career steps with a child health focus on your existing training path (#ChoosePaediatrics on RCPCH website)
- Joining UKAPS or the RCPCH as a foundation or affiliate member
- Joining ICHG as a student member!
- Joining the ICHG Mentorship Scheme (<https://www.internationalchildhealthgroup.org/mentorship>)

What is Advocacy?

Advocacy can be defined as “speaking out on behalf of a particular issue, idea or person”. Advocates draw attention to and raise the profile of issues that need to be addressed. As a vulnerable group in society, children require others to support their voice (as illustrated by RCPCH&Us) or advocate on their behalf. Advocacy can take many forms and can occur at multiple levels of engagement (individual, local, national and global).

Advocacy requires a link with those whose rights and opinions you represent yet the determinants of child health on your elective are broadly similar to the determinants of child health at home. For example, policies on access to healthcare, quality schooling, and child nutrition should focus on reducing inequities within child health. Unfortunately there is no perfect system and issues arise in both rich countries as well as poorer ones. Understanding these links, especially when sharing your elective experiences with peers in your home country can help strengthen the messaging of your advocacy by drawing parallels across settings.

‘Advocates’ seek to address the systems and structures that create and perpetuate problems. The first step in becoming an advocate is to identify an issue of concern to children and young people and your positionality to those impacted by it. It is important to acknowledge historical and political contexts, evidence, prior and ongoing action, and explore what needs to be done to achieve it. It is better to start small and approach one issue that you consider to be achievable.

Organisations that have an active role in advocating for children include UNICEF, Save The Children, Samaritan’s Purse, Barnado’s, Royal College of Paediatrics and Child Health... and many others! You may find links to these in your medical school but can find out more information on their websites.

Key issues that you may wish to consider reading more on and speaking up about include:

- **climate crisis and resource extraction and the massive effect it is having and will have on every aspect of child health**
- **child rights in humanitarian contexts**
- **maternal and newborn health**
- **nutrition and global distribution of food**

- poverty and child health
- child and adolescent mental health

Although you may feel that you have no voice, as medical students and professionals you have a position of privilege and responsibility. If you are passionate and determined to speak the truth about an issue, you might make more of a difference than you think and change the lives of children locally, nationally and internationally.

If you want to learn more, check out [the advocacy section of the ICHG website](#) and ‘The role of advocacy in promoting better child health’ in Archives of Disease in Childhood 2016 (DOI:101:596-599) by D Devakumar et al. The ICHG Advocacy team would love you to get in touch!

General Advice from the ICHG Committee

“My elective in the Pacific gave me a taste of what a good paediatrician could do for sick children in a setting where paediatricians were few and far between. It also opened my eyes to the power of guidelines for low-resource settings.”

Natalie

“It was probably the first time I seriously considered paediatrics as a career choice.”

Maryke

“Seeing the huge inequalities that exist between children in different parts of the world has made me question the more local and regional inequalities of where I live and the importance of addressing these first as a stepping stone towards eradicating more global inequalities.”

Paula

“My elective gave me the focus and motivation to follow a career in Paediatrics, to improve health of children and to help them where they and their families face ill-health.”

Rebecca

“Being able to go on elective to a far away place, and being invited to witness the healthcare system in another country is an immense privilege.

Be humble and open minded, and allow yourself to be changed more than you expect to change others.

Also recognise that doing things differently might not be wrong, and can sometimes/often be better!

Treat people and patients ethically and with the respect you would expect to receive yourself. Try to learn a little bit about the history, language (maybe) and cultural differences that you may find enriching and may also need to be sensitive to, and think about what you would expect from someone if it was the other way around and they were on elective in your country.

Enjoy yourself.”

Neal

What advice would you give a current medical student planning their child health elective with respect to any plans afterwards as a junior doctor or aspiring paediatrician?

“Try and maintain life-long connections with the professionals and people you meet during your elective. There is so much you can continue doing remotely!”

Paula

“If you are genuinely interested in a career in global health use the opportunity wisely.”

Maryke

“Your elective is a taster and generally you gain more from the experience than you can give. Consider how you can later use the skills from your junior doctor years to support the places that helped you to learn. Build relationships and encourage others to strive for good practice which is suitable for the setting. We can learn so much from each other.”

Rebecca

Reflective diary—example page

Date

Interesting clinical cases seen today

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Key learning points from these cases

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Key learning points other things I've seen

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Things I want to read more about

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Things which worried me— what have I done about this?

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Other thoughts

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.....
.....

International Child Health Group (ICHG)

ICHG is a special interest group of the Royal College of Paediatrics and Child Health

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Shabariesha Ketheeswaran
Rebecca Rhodes
Beth Stinchcombe
Amaran Uthayakumar-Cumarasamy
Jessica Wan
Jemma Wright
and
ICHG Committee
(Local and International Collaborators)

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www.alannacolebaker.com