



Factsheet: Hospital Internships & Electives

This factsheet provides important information about (cultural) phenomena that you might experience during your elective or internship placement abroad and about the “right attitude“ to face them.

There are laws in all the countries where we offer hospital internships or elective placements which don't allow anyone who doesn't have the required professional qualification and licenses for the respective country to provide any medical treatment to patients.

This means: Professional foreign volunteers (physicians, nurses, therapists) and students can only deal with patients under the supervision of a professional registered in the respective country. Foreign professionals can work on their own (without the supervision of a local professional) if they hold a license/registration of their country of choice to do so. We can arrange such licenses/permits through the respective health ministries.

Students of medicine/nursing/therapies in any way are only allowed to assist local professionals.

In how far “assist” means only to observe or to actually touch patients depends on a variety of factors that we found to be similar across all countries where we can offer placements:

Firstly, it simply depends on the doctor you are with. Some are more communicative and open than others; some trust students more than others.

Secondly, if there are less medical students at the same time at the same ward with the same doctor, chances are higher that the doctor will let you actively do things as he/she will probably have more time to supervise you and consider your interests.

Unfortunately, we cannot always control how many elective students will be at each ward, and which doctor they will be attached to, as this is decided by the hospital; other placements organizations are sending foreign medical students and there are also domestic elective and internship students.

If you think that your supervisor is not cooperative enough or if you think there are too many medical students at your ward and therefore you cannot learn anything, please contact us and we can assist you talking with the hospital whether they can change this situation.

Thirdly, and most importantly, the question whether how much you are allowed to do (and how much explanations are given by your supervisor) very much depends on your level of activity and attitude.

Working on the “Right Attitude“

You must be proactive, you must offer yourself, you must show that you are interested and that you already understand something about the topic. In this case it is much more likely that the doctor will let you do things and gives explanations, than when you are shy, hide in a corner and wait for the local staff to offer you things to do.

A point advised by former participants is that elective and internship students should also see that they can learn something from staff members of other professional categories than the profession they want to pursue. For instance, it won't do any harm to medical students to assist midwives and nurses for some time, and to psychology students to spend time with a psychiatrist. In fact it is very useful for any professional to be able to see beyond one's own nose.

Former participant Amelie (medical student) wrote us that in the beginning of her elective, she set up a good relationship with a midwife at the hospital and whenever there were any "special cases" she was immediately called to participate. Psychology student Dennis noticed that working with a psychiatrist was interesting for him, because as a clinical psychologist he will later work in a team with psychiatrists, and therefore it is useful for him to understand how psychiatrists work. Dennis realized that there is a lot of common ground.

Medical students should not think that spending time with someone who is not directly from their own professional subject area is of no use or a waste of time - it simply isn't.

Understanding the local culture in your host country

What is essential when dealing with local colleagues is to understand local culture! All countries where we arrange hospital placements are countries of high power distance (as described in the culture theories of Dutch researcher Hofstede).

This means: The doctor in charge (and even more so the director of the department and the director of the hospital) often behaves as the big boss who knows everything. You are just a student who in his/her point of view doesn't know a lot. If you follow this "game", praising the people "above" you about how much they know and how good they are in their job, exaggeratedly thanking them for any effort they make for you, and actively subordinate yourself, you will notice how they will like you and how this will open doors for you to be allowed to do a lot of things and get a lot of explanations.

The wrong thing to do is to question the doctor's knowledge, to criticize everything around you and to compare the standard of equipment, hygiene, and patients' treatment with your home country. In this case the local staff won't like you and they will let you notice that. In the poorer countries and institutions (e.g. Morocco, Tanzania, Zanzibar, Ghana, Bolivia, Nicaragua, India) this is not so much because of the "power distance", but the local staff know that they don't have the financial means to be able to afford the high standards that you know from back home (in terms of equipment and professional training), so you don't need to tell them. Within their financial possibilities they try to offer the best service possible.

Cultural differences such as the manifestations of Power Distance are not always easy to master, and can even result in the so-called "Culture Shock". They are however part of the process of cultural learning that you immerse into during your placement abroad. You can contact us at any time to share your experiences and we will help you find a solution.

Accepting conceptual differences

Also accept that there are conceptual differences. E.g. in most tropical developing countries, antibiotics are given immediately without a second thought, which is often shocking to Western medical students who at their universities at home learn about resistances that can result from this. But remember: In poor countries with no social systems, patients usually attend hospital only if they have no other chance, when the disease is in a later stage than what you would ever see back home. In this case, the immediate use of antibiotics might be the only solution. So even in the rare case that a patient comes for treatment at an early stage of an infection, doctors might immediately prescribe antibiotics, as this is how they have learned it.

Cultural aspects need to be considered in the treatment, for instance in psychotherapy. You won't completely understand many approaches of psychotherapists if you are not familiar with the local culture (e.g. the influence of aspects of religion and superstition, status of family, and social pressure). Generally, the way how many doctors treat patients in many of our host countries is strongly determined by the previously mentioned High Power Distance in these countries. Patients are often not treated as human beings, but as objects that don't have the right to get any explanations, or the right for privacy or human dignity. Instead, the doctor is an omnipotent, god-like figure and the patient is expected to be highly thankful and submissive (that's however not so much the case at private hospitals where paying patients expect a decent level of "service" and if they don't get it they can go to another hospital).

Take your time to understand these things and behave accordingly, don't easily criticize them. Don't easily give up when you face difficulties. If appointments/agreements are not kept, accept that this is the way hospitals might work, stay polite and ask for a new appointment. If nobody is giving you tasks, ask for tasks and proactively suggest tasks. Understand cultural and conceptual differences in the organizational setup of the hospital. For instance, in many countries the roles of certain staff are clearly defined: If there person whose role it is to make photocopies is absent for a day, no photocopies can be made that day.

Don't only see your medical placement from a purely "technical" side, but observe and learn how cultural differences affect the provision of healthcare services in your country of choice.