



Essential Guide To Electives

THE MEDICAL AND DENTAL DEFENCE UNION OF SCOTLAND



The MDDUS

Membership of the MDDUS provides you with access to assistance from some of the UK's leading medico/dento legal experts, should you encounter professional difficulties.

Benefits include:

- Guaranteed access to our professionally trained advisers who are qualified in medicine and dentistry and are available to speak with you 24 hours a day
- Legal representation from solicitors who are recognised as the UK's leading experts in the medico and dento legal field
- Representation and legal support at GMC/GDC proceedings, which are increasing in frequency and cost
- Assistance in dealing with complaints, in order that they are resolved and concluded promptly
- Assistance with disciplinary matters
- Legal representation and support at fatal accident inquiries and coroner's inquests, which are often lengthy, stressful and expensive processes
- Lifelong assistance for medico/dento legal problems that arise from an incident that occurred when you were a member, even if you have moved overseas or ceased all clinical work when the problem comes to light
- Worldwide indemnity for Good Samaritan acts

To enquire how you can benefit from membership of the MDDUS contact our membership department on 0845 270 2038 or visit our website at www.mddus.com

MDDUS Student Membership

What is the MDDUS?

The MDDUS is a professional indemnity organisation, which has been protecting the interests of doctors and dentists since its foundation in 1902 and is the only defence organisation to have offices in both England and Scotland.

What is indemnity?

We live in an increasingly litigious society and the majority of doctors and dentists will face a claim or complaint at some point in their career. The role of the MDDUS is to provide you with medico/dento legal support and advice in the event of a claim of medical or dental negligence or a complaint being brought against you.

How can we help?

When you graduate you will face a number of unfamiliar situations and there may be times when you feel you need some advice or reassurance. During your University years, you may also find yourself in unfamiliar situations and our student members have full access to our clinically qualified medical advisers 24 hours a day, 365 days a year.

Why join the MDDUS now?

Our **FREE** student membership scheme was set up to introduce students to the benefits and services of the MDDUS in order that they have a good knowledge of the organisation before joining as a graduate member. We also recognised that there was a requirement for medical and dental students to obtain indemnity for their elective period. Hence we now offer **FREE** worldwide elective indemnity to student members.

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Your elective

Electives offer you a unique and important opportunity during the undergraduate curriculum for you to pursue, in more depth, a topic that is of interest to you. It allows you to undertake a broad range of experiences from intensive research projects to primarily enjoying what the healthcare experience and social culture can offer.

The need for indemnity

Whilst you are on your elective it is essential that you have adequate indemnity protection. As a student member of the MDDUS you are entitled to **FREE WORLDWIDE INDEMNITY**, for the duration of your time overseas. This means that you will be fully indemnified for any clinical procedures you undertake whilst supervised.

How to ensure you are fully protected

You can call our Membership dept on 0845 270 2038 or you can download a form from www.mddus.com. Simply return this form to us, and on receipt of your application we shall send you a letter of confirmation, which you may be asked to produce by your hosts as evidence of having adequate indemnity provision.

Where to go?

The choice of elective topic and destination is dependent upon a number of factors – not least financial implications. There are many sources available that will help you choose the most appropriate topic and destination for your needs.

One of the best ways to find out about suitable elective placements is to talk to students who have already visited a country you are considering and learn from their personal experiences, previous elective reports can also be very useful. If you are still unsure then speaking to colleagues with contacts abroad or institutions with links to your University may help.

If you are planning an elective out with the UK it is strongly recommended that you check the Foreign Office website for their advice in countries that you should not travel to at www.fco.gov.uk.

Planning your elective

The critical component of planning your elective is to allow for plenty of time. Students wishing to head to popular destinations may find that places have been reserved as much as two years in advance. For those wishing to undertake electives in the tropics or even in many popular developed nations (e.g. Canada,

Australia) there is often a substantial amount of red tape to deal with. Emails help, but you need to check that your medical school is happy with this as formal notification of acceptance for an elective from the host.

Most medical or dental schools will require you to complete a formal electives planning form and provide you with support for writing the elective report. They will also provide you with guidance on the assessment requirements of your school.

An elective at home?

Whilst the majority of students choose to undertake their elective abroad there are a number who are happy to stay in the UK. Many who do this say it gives them the opportunity to study in an area of medicine or dentistry which interests them as a possible future career. You must ensure however that if you are carrying out clinical procedures that you secure suitable indemnity.

Preparing for your elective

Information concerning each student's proposed topic for elective study must be submitted by the closing date specified by the individual University.

If a formal dissertation is required, the following guidelines may prove useful but please liaise with your faculty for their own specifications.

- Name of student.
- Approximate title indicating nature of study.
- Name of adviser who has been approached, with a signature indicating willingness to supervise the study.

Where appropriate, a protocol outlining the nature of the proposed study should be prepared in conjunction with your supervisor.

Preparing a Protocol

1. i) Title of topic
ii) Name(s) of supervisor(s)
iii) Name(s) of student(s)
2. Brief statement of area to be covered by study, aims or objectives and approach or method to be employed.
3. Preliminary reading list of works being consulted and additional sources of guidance or assistance envisaged.

4. Equipment/facilities which are to be used and any additional equipment/facilities for which permission is being requested.
5. Is an application to Ethics Committee necessary?
6. Approximate timetable of study and where applicable indicate period for preparation of any required reports.

Finding a Placement

Once you have a project in mind and have decided whether to stay in the UK or go abroad the next stage is to find a placement.

In the first instance, contact your medical/dental school who may be able to give you a list of contacts. Alternatively, a past student may be able to advise you and give you invaluable tips about the place you are considering visiting, the people and the hospital. Many medical/dental schools host electives evenings, which give an invaluable insight into planning your elective.

Funding

This is one of the biggest problems for students when planning their elective. In the first instance, you should seek guidance from your faculty office, who can advise you about scholarships available although they may issue certain restrictions on where you can travel.

For example, awards may not be made if a country is considered to be dangerous in terms of the AIDS virus but check with your faculty first. Exchange schemes supported by local colleges etc. may also be in operation.

Grants and Supplementary Allowances

Scotland

The Student Awards Agency for Scotland (SAAS) recognises the 4 week period of the elective for the purpose of calculating student maintenance allowances. If you receive a grant from another authority you should contact them regarding any additional allowance.

To qualify for a supplementary allowance you must be in receipt of a maintenance allowance or a minimum award from the SAAS or a UK education authority. Applications for a supplementary allowance must be supported by receipts. Contact your faculty office for further advice.

England, Wales & Northern Ireland

Contact your faculty office for advice.

UK wide

British Medical & Dental Students' Trust

(Administered by The Medical and Dental Defence Union of Scotland)

Awards range from £100 - £600 and are made twice a year. Please note that applications will only be considered for those students who are undertaking an elective abroad. Closing dates are as follows:

31st January for electives undertaken between April and September.

31st July for electives undertaken between October and March.

How to apply: Application forms are available from the BMDST, c/o MDDUS, Mackintosh House, 120 Blythwood Street, Glasgow, G2 4EA t: 0845 270 2034 e: info@mddus.com or alternatively contact your medical/dental school.

Health & Travel

“Know Before You Go” was launched in 2001 by the Foreign Office which encourages travellers to be better prepared for overseas trips with a view to avoiding common risks and dangers. This can be found at www.fco.gov.uk

Ideally your elective should be educational, enjoyable and healthy. Many of you will travel to areas where medical services, as we know them, will be restricted or non-existent.

The risks of travel to certain countries cannot be over-emphasised and even experienced travellers can run into problems with lethal, drug-resisting strains of malaria spreading throughout the tropics.

From the moment you leave the security of your accustomed environment, you are potentially at risk. Hazards arise not just from strange diseases encountered on travel but from other factors too – home comforts such as a safe water supply, sanitation and public hygiene controls, legal standards for motor vehicles and road maintenance do not necessarily exist in many underdeveloped countries.

Illness or injury abroad in general is a traveller’s nightmare – there may be communication problems both from a language and a cultural point of view. There may be no skilled medical care or facilities that do exist may not be of a standard acceptable to travellers from advanced countries such as the UK. It is also useful to note that symptoms of an illness acquired abroad may not appear until after you return home – up to a year later for example in certain cases of malaria – as a result, the symptoms may be unfamiliar and pass unrecognised, delaying the diagnosis.

1. Prevention - immunisation

This should definitely not be neglected and sufficient time should be allowed to complete the appropriate course(s) of vaccination. As medical/dental students, you should be appropriately covered against Tetanus, Polio, Hepatitis B and Tuberculosis. Remember that certain vaccinations have side-effects and vaccination is best arranged to avoid examination periods.

It is advised that you check with your GP at least 6-12 weeks in advance of you leaving.

Vaccinations which require consideration include:

- Typhoid

The current recommended vaccine is Typhim Vi. This is a single dose vaccine which provides immunity from some 10 days after the vaccination for up to 3 years. Typhoid is contracted from contaminated food or water.

- Cholera

This vaccine is generally accepted as giving only slight benefit but appropriate for travellers visiting those countries where it is recommended. Some countries may insist upon a Cholera Vaccination Certificate for travellers who have visited or passed through any region where cholera is endemic. This is in excess of the International Health Regulations but travellers may meet difficulty on entry unless they comply with it. Policies can change at short notice and appropriate up-to-date information is necessary. Cholera is contracted from food or water.

- Hepatitis A (Infection Hepatitis)

Passive immunity can be achieved by the injection of Gamma Globulin which is useful for single trips overseas giving between 2 and 6 months protection. Alternatively, immunisation with one of the currently available Hepatitis A vaccines confers protection some 4 weeks after the primary vaccination and can give 10 years protection if a subsequent booster is given within 6 to 12 months of the primary vaccination. Protection can therefore be continued with regular 10 year boosters. Hepatitis A is usually contracted by consuming contaminated food or water, therefore, those travelling to areas where the sanitation is primitive need to be especially aware of the risks.

- Poliomyelitis

Important if travelling outside North America, Australasia and the Northern Mediterranean. Those previously unvaccinated should have a full course of 3 doses, those vaccinated more than 10 years ago should have a booster dose.

- Yellow Fever

Vaccine provides virtually 100% protection for at least 10 years. An International Certificate of Vaccination is valid for 10 years, coming into force 10 days after vaccination. There are two endemic zones – across Central Africa and in the Northern part of South America. Beware of passing through a Yellow Fever area if travelling e.g. London to India via Kenya.

- Rabies

Human Diploid Cells vaccine is effective and safe producing few reactions. Vaccination does not preclude the need for treatment after a bite but will reduce the amount of medication necessary. Useful to have if travelling more than a day's journey from good medical care.

- Meningococcal Meningitis

(Vaccine against A and C meningococcal strains)

Endemic zone across Africa, especially Sudan and Ethiopia; also Kenya, Uganda, Tanzania and Brazil, India and Nepal. Important if staying in endemic zones during dry season.

- Japanese Encephalitis

Endemic across Asia from India to Japan. Seasonal in temperate zones but all year round in the tropics. Agricultural regions most risky – virus transmitted to humans by mosquitoes. Travellers going to rural parts of Asia for any length of time should enquire about the risk before they travel.

- Diphtheria

Adults in close contact with children in developing areas should take a booster if they have not done so in the last 10 years.

N.B. Cholera, some typhoid vaccines and tetanus may produce some local soreness of the arm. A general feeling of malaise with or without pyrexia may result from cholera and typhoid vaccines and can last for up to 36 hours.

Malaria

A parasitic infection of the blood transmitted by the Anopheles mosquito. The mosquito bites only during the evening and night, therefore avoidance measures need only be used during this period.

Malaria Kills!

Malaria is widespread. It is important that you check whether or not the area(s) you are proposing to visit has a malaria problem. A variety of computerised travel vaccination systems are now in operation and your General Practitioner, University Health Services or Travel Vaccination Clinic should be able to give you appropriate up-to-date information. If you are in a malaria infected area, take the following precautions:

- Arrange appropriate anti-malarial medication which should be commenced at least one week before entering the infected area and continued for four weeks on leaving the infected area. Missing doses of any drugs will significantly reduce protection.
- If your hotel is not air conditioned:
Sleep under a mosquito net. Make sure there are no tears or gaps.
Spray room with insecticide at dusk and before retiring.
- When out of doors after dusk:
Wear clothing which adequately covers legs and arms.
Apply insect repellent to all exposed areas of hands, face and neck.
Avoid marshy areas.
- If you fall ill after reaching home, especially if you have a temperature, headache or lassitude, tell your doctor where you have been. Occasionally you can get malaria despite taking precautions.

2. General Measures

- Make sure that the water you drink and brush your teeth with is safe. Take care with ice in drinks!
- Be careful with these foods – raw vegetables, salads and unpeeled fruit, raw shellfish, cream, ice cream, underdone meat or fish. Cold and re-heated food can be contaminated. Freshly cooked foods are safer.
- Personal hygiene is vital.
- Avoid heat exhaustion. Excessive sweating can cause headaches, dizziness and nausea. You can prevent this by taking extra salt, drinking plenty of fluids and wearing loose, lightweight clothing – preferably cotton.
- STDs – Sexually Transmitted Diseases are a serious threat throughout the world, you should practice safe sex and always use a condom. If you think you may have been infected, get medical advice and treatment immediately.
- Rabies – This is a serious hazard all over the world. DO NOT handle animals if possible. Infection is from saliva or the bite from an infected animal.

If you are bitten:

- Wash with soap using clean water.
- Get medical attention fast.
- Get owner's name, address and telephone number if possible.
- Ask if animal is vaccinated against rabies.
- Tell your own doctor on return home.

If you become ill on your return, tell your doctor you have been abroad and which countries you visited.

3. Common sense tips

- Ensure you have adequate supplies of any regular medication you require e.g. inhalers for asthma or anti-convulsants etc.
- Remember to take information of both the UK Trade Name and Generic name of any medication.

- Carry medicine in sealable, waterproof containers.
- Check they are legal in the country you are travelling to.
- Carry them in your hand luggage.

It is useful to consider taking a few commonly required medications e.g.

- ANTIDIARRHOEAL: Lomotil, Arret, Imodium.
- ANTIHISTAMINE: Triludan or Piriton.
- ANALGESICS: Soluble Aspirin, Paracetamol, Ibuprofen and throat lozenges such as Strepsils.
- ANTACIDS: Dijex, Aluminium hydroxide etc.
- ANTI-EMETIC: Maxolon.
- SUN SCREEN LOTION/SUN BLOCK

Consider:

- a small, easily carried first aid kit with simple dressings etc., especially useful for blistered feet.
- a few needles and syringes as injections may be required overseas, to avoid risk of contaminated needles/syringes etc.

Pre-Travel Check-Up

A thorough medical check-up is advisable before undertaking any long term overseas trip. We advise that you check with your GP at least 6 – 12 weeks before you depart.

Post Travel Check-Up

If you took anti-malaria medication while you were away, check to see if you need to carry on taking it after you get back. You may need to take some types for up to a month after returning to the UK.

Similarly if you get ill after you get back, go to the doctor straight away and tell them which countries you've visited or travelled through.

Health Literature

The Department of Health and the Health Education Authority produce a range of publications on various aspects of health and travel. Contact them on 020 7210 4850, Monday to Friday, 09:00-17:00 or visit www.dh.gov.uk

For up-to-date advice on vaccinations etc, contact:

- your GP
- InterHealth, a medical charity providing specialist healthcare to people working in the aid, development, mission and voluntary sectors in the UK and overseas. They will provide:
 - (i) a customised list of immunisations, anti-malarials and health equipment needed for the journey,
 - (ii) Information sheets on the major health problems including AIDS.
- MASTA (Medical Advisory Service for Travellers Abroad). They can provide a computer printout listing health recommendations for each country. t: 09068 224100 or 09065 508908
- Foreign & Commonwealth Office. For information on political risks in other countries. t: 020 7008 0232/0233

Travel Insurance

Since the 31st December 2005, an E111 is no longer valid. From 1 January 2006, you will need a European Health Insurance Card (EHIC) to receive healthcare that becomes necessary during your visit to an EEA country or Switzerland.

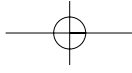
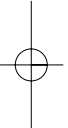
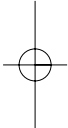
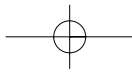
It is essential that you have adequate health insurance, particularly in the USA and Canada where medical expenses can be costly. This can often be an expensive part of your elective and we suggest that you shop around.

Travelling to America

Since October 2004 new passport requirements have been in place for those travelling to America who do not have a visa. The new legislation requires that visa free travellers, including children, entering the United States under the Visa Waiver Program (VWP) require individual machine-readable passports (MRP).

From October 26, 2005 passports issued on or after that date must contain a digital photograph of the holder.

For further information go to www.usembassy.org.uk





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