Appendix A

Preparing Medical Students for Low-Resource Setting Electives: A Template for National Pre-Departure Training Guidelines

Association of Faculties of Medicine Resource Group on Global Health
And
Canadian Federation of Medical Students Global Health Program

Report to the AFMC Board of Directors
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Executive Summary

The importance of and need for medical school global health training continues to grow, as does the recognition that establishing global health educational guidelines are best met through coordinated, cooperative national approaches rather than piecemeal efforts by individual schools. In the 2006 Report "*Towards a Medical Education Relevant to All: The Case of Global Health in Medical Education*," the AFMC Resource Group on Global Health described the rational and steps for implementing global health curricula in undergraduate medical education.[1] The 2007 Report "*Creating Global Health Curricula for Canadian Medical Students*", laid out the content areas global health curricula should cover.[2] This year's report focuses on appropriately preparing medical students to participate in low-resource setting electives.

In 2007, approximately 30% of graduating medical students had participated in an international experience during their training.[3] Moreover, the number of medical students engaging in international electives has increased steadily since 1998 when the Association of American Medical Colleges began collecting this information. Research by the Resource Group has shown that Canadian medical students often participate in international electives with little or no preparation or faculty oversight.[4] Though the vast majority of overseas experiences turn out to be positive for students, these electives may place students in potentially harmful environments and/or ethically challenging situations. Most students receive medical school credit for international electives, raising concern that medical schools may be liable for their students' activities abroad or for health or other problems that occur after students return.

The 2007 report called for AFMC schools to insure that medical students participating in international electives receive adequate training and supervision. The 2008 report builds on last year's by providing suggested guidelines for pre-departure training of medical students interested in studying in low-resource settings. This report, prepared collaboratively with the Canadian Federation of Medical Students (CFMS), gives an overview of existing pre-departure training programs at AFMC schools, outlines topics for standardizing training across schools and provides a list of available resources for improving pre-departure educational programs. Pre-departure training, where offered, remains variable across Canadian medical schools:

- Only 35% (6/17) of medical schools have mandatory pre-departure programs
- Mandatory preparation varies between as little as 30 minutes to 30 hours
- 83% (5/6) of voluntary pre-departure programs are run exclusively or mainly by students

The Resource Group and the CFMS recommend that pre-departure preparation for Canadian medical students planning to study in low-resource settings include:

- Personal Health
- Travel Safety
- Cultural Awareness
- Language Competencies
- Ethical Considerations

We understand that pre-departure training is only one aspect of optimizing the safety and educational experience of medical students in low-resource settings. Improving on-site supervision and post-elective debriefing are important for developing well-rounded experiences.

Introduction

Electives are crucial and formative experiences for many medical students. They are an opportunity for students to expand upon their interests and explore areas of health and healthcare to which they might not otherwise be exposed. The rising interest in global health issues among young Canadians has led to increased participation in international electives. Over the past decade, the number of medical students participating in international electives has increased dramatically. In 2007, 26% of North American medical students participated in an international health elective.[3] Many of these electives were carried out in low-resource settings where the provision of health care is distinctly different from that traditionally experienced by students at their own medical schools.

The term 'global health' refers to "health problems, issues, and concerns that transcend national boundaries, may be influenced by circumstances or experiences in other countries, and are best addressed by cooperative actions and solutions."[5] As such, global health does not refer solely to health issues that arise in impoverished areas of the world. It encompasses political, economic and social dynamics and diseases that impact substantially on the health of Canadians and citizens of all countries.

Numerous studies have outlined the educational benefits of international clinical rotations for medical students. [6-10] These benefits include enhanced knowledge (e.g. cross-cultural issues, tropical medicine, public health), enhanced skills (e.g. problem solving, clinical examination), and the fostering of desirable attitudes and values (e.g. interest in serving underserved populations).[11] Yet learning medicine in low-resource settings, especially in another country, presents unique challenges and potential risks to medical students and the communities in which they study. As representatives of Canadian medical schools, students participating in clinical electives, whether locally or abroad, should be expected to uphold the same standards of professional and ethical behaviour required of them at their home schools. However, given the diverse cultural, social, economic and political environments that many electives occur in, students may be unprepared to handle challenges that arise in these settings.

Pre-departure training has proven to be an essential component of international work within the international development sector of governmental agencies and non-governmental organizations. For example, the Canadian International Development Agency provides interns and employees with cultural training prior to their departure.[12] Currently, only 35% (6/17) of Canadian medical schools require student participation in a pre-departure training program in advance of going on an international elective (Appendix 1). The amount of time for mandatory training ranges from 30 minutes to 30 hours. An additional five schools offer some form of voluntary pre-departure training. Even in those medical schools with mandatory programs, implementation of the pre-departure sessions often is a collaborative effort between faculties and local global health student groups rather than a dedicated educational program run by the faculty. Five medical schools, Calgary, Dalhousie, Laval, Manitoba and Toronto, have an International Health Office that provides a pre-departure training program. The educational content of existing pre-departure programs varies between medical schools. Most schools include personal health and safety among the topics covered in pre-departure programs, whereas only six programs include discussion of ethical issues and language competencies. Only six schools (35%) offer some form of post-return debriefing for students after they have finished their international health elective.

This report presents recommendations for pre-departure training for all Canadian medical students participating in low-resource electives; though the recommendations were developed specifically to address students studying as health care providers in international locations, these recommendations also may apply to students at low-resource or remote electives within Canada or electives where students are not directly involved in providing health care services. These recommendations are designed to serve as a basis for discussion at individual medical schools. The Resource Group encourages each medical school to adapt these recommendations as appropriate for their own students needs. While it is not possible to predict and prepare for every potential scenario that students might face, effective pre-departure training equips students with tools to be better global citizens and representatives of the Canadian medical education system and at the same time enhancing the chance for students to have a good learning experience.

Recommendation #1 – Personal Health

Guideline Statement: Canadian medical schools should ensure that medical students participating in clinical electives in low-resource settings are adequately prepared to maintain their personal health.

Rationale:

Staying healthy is an important aspect of any work or travel. As noted by the World Health Organization, travelers in foreign settings:

> "May encounter sudden and significant changes in altitude, humidity, microbes and temperature, which can result in ill-health. In addition, serious health risks may arise in areas where accommodation is of poor quality, hygiene and sanitation are inadequate, medical services are not well developed and clean water is unavailable." [13]

The need to provide instruction on personal health has been shown in studies where high rates of illness (45% and 64% respectively) were reported by Scottish and Australian medical students participating in overseas electives.[14, 15]

Students need a clear understanding of the prevention and management of common infections and diseases prevalent in the location in which they will be working. Given the high prevalence of HIV/AIDS in many places where students choose to work, pre-departure training should include information concerning the indications for and use of post-exposure prophylaxis (PEP).[16, 17] Currently, 18% (3/17) of Canadian medical schools provide PEP kits for students travelling to HIV-endemic areas. An additional three schools discuss PEP with students but do not provide the kits.

Recommendations:

- Basic Health Precautions: Students should understand basic health precautions for travelling in low-resource countries. These precautions include water and food safety,

injury prevention (especially transportation safety), vector-borne illness prevention and protection against environmental exposure.

- Immunizations: Immunization requirements will vary according to country and region. Students should contact a local travel health clinic or their family physician at least two-to-three months prior to departure to ensure that they are adequately prepared.

- Health Insurance: Students should ensure that they have appropriate health insurance coverage for the duration of their clinical placement. Details of insurance coverage should be reviewed with students including: how to use, exclusion clauses, medical evacuations, repatriation of remains, hospital care, etc.

- Personal Protective Equipment: Students should be able to list universal precautions relevant to their overseas rotation. This knowledge includes an understanding of modes of transmission of common infections such as tuberculosis, HIV and malaria. Students should find out what equipment will be available at their placement site, and make arrangements to bring personal protective equipment such as gloves and masks if sufficient materials will not be available for their use.

- Post Exposure Prophylaxis (PEP): Students should be able to describe appropriate PEP for HIV/AIDS and understand the steps to take following exposure. Students should understand that no effective PEP exists for Hepatitis C.

- Access to Medical Care: Students should identify medical clinics in the region they will be working from which they may be able to access care if necessary. In general, medications for personal use such as malaria prophylaxis or inhalers should be brought by students on their electives, as these medicines may or may not be locally available.

Recommendation #2 – Travel Safety

Guideline Statement: Canadian medical schools should ensure that students participating in electives in low-resource settings are adequately prepared for safe and responsible travel practices.

Rationale:

Because of increased political instability, inadequately functioning health care systems and poor quality infrastructures such as roads and other potential problems, medical students participating in electives in low-resource locations overseas may be at greater risk for personal injury compared with studying at their home institution.[18] As such, it is important that students taking part in internationally-based electives have a clear understanding of basic personal safety precautions and travel advice prior to their departure.

Pre-departure training should provide information to increase students' awareness of situations where they may be at risk, as well as approaches for avoiding or minimizing risks and potential problems. For example, training could include how to avoid being taken advantage of (eg.

being sold an invalid ticket to an event), how to get fair value for one's money (eg. taxi rides, lodging), how to carry him or herself appropriately (eg. manner in which they greet their hosts or ask for help at the airport), how to avoid unnecessary travel hindrances (eg. not having adequately warm or cool clothing) and how to be prepared for changes of plans that may occur (eg. having to find his or her own way to place of lodging instead of getting picked up). Ultimately, being oriented before arrival should help students behave in a more professional and respectful manner after arriving in their host country, and likely improve the overall quality of their educational experience.

Recommendations:

- Orientation upon Arrival: Students should have prior knowledge of local laws and customs, currency, transportation options, and housing arrangements before arrival. Students should know who and where to contact upon arrival in case of unexpected changes to travel plans.

- Packing Requirements: Students should be able to put together an appropriate packing list including the following sub-sections: culturally and contextually appropriate clothing, luggage/bags, hygiene and toiletries, first aid and medications, tools, books, monies and documents.

- Registering at Canadian Embassy: Students should understand how and when to register at the Canadian Embassy or High Commission at their site placement, as well as understand how to register online with Registration of Canadians Abroad (ROCA) before departure.[19]

- Travel Advisory Warnings: Students should be aware of any travel advisory warnings regarding their desired placement site prior to departure. This step may be done by reviewing country information provided by the Department of Foreign Affairs and International Trade (DFAIT). The United Kingdom Department of Foreign Affairs and the United States State Department web sites also provide up-to-date information about travel safety around the world. Schools should have clear policy statements regarding student electives in countries with travel advisory warnings in effect.

- Emergency Preparedness: Students should prepare in advance a list of emergency contacts in Canada and, if possible, in the setting of their placement. They should be aware of appropriate next steps in the case of emergencies such as civil unrest or natural disasters. As well, students should be provided with an emergency contact at the medical school with whom to leave a photocopy of their passport and itinerary.

Recommendation #3 – Cultural Competency

Guideline Statement: Canadian medical schools should ensure that students understand that cultural competency and gender sensitivity are pivotal in creating an environment of professionalism and respect while participating in electives in low-resource locations.

Rationale:

Cultural and gender issues vary within and across communities. While it is beneficial for students to have an understanding of the history, customs, beliefs, and traditions in the area where they will be working, they also should be aware that every individual experiences culture and gender within the unique context of his or her own lives.

As more people migrate globally, there has been a call for increasing emphasis on cultural training for medical students.[20, 21] Cultural humility is a process of self-reflection and self-critique that fosters mutually respectful partnerships with individuals and communities.[22] Cultural training enables students to better identify power imbalances in their own behaviour towards patients and to adapt their mannerisms, speech and actions to provide more patient-centered care based on mutual respect. By learning to challenge their own personal biases and assumptions, students may have a better ability to identify the strengths and resiliencies of the population they are working with, both within Canada and internationally.

Gendered power dynamics are related to, but distinct from, culture. According to the Pakistan based NGO Rozan: "Addressing gender needs is not just a protection or rights issue – it is also about increasing the efficiency, quality, and sustainability of a relief initiative".[23] Gender inequities are often aggravated in times of conflict or scarcity, and students studying in these areas must be prepared to work with vulnerable women and children in situations that are often highly emotive and ethically charged.

Recommendations:

- Basic Understanding of Culture: Students should have a basic understanding of the concept of culture and the relationship of culture with health. This knowledge includes not only an understanding of the application of "cultural competencies" in Canada, but also its specific application to international work and the concept of culture shock.

- Intercultural Relationships: Students should be introduced to concepts of cross-cultural relationships prior to their departure. Furthermore, they should be aware that their actions, attitudes and manner of dress might be considered inappropriate in certain cultural contexts (for example: drinking alcohol, speaking casually with an elder, or wearing a low-cut shirt). They should be advised to consult with their program supervisor when in doubt.

- Culture of Elective Placement: Students should research the culture of their elective location prior to their departure. This includes information regarding history, politics, economics, religion, values, and local health beliefs and practices.

- Gender: Students should research local understandings of gender roles at their elective location prior to their departure. They should be informed of issues such as sexual

harassment, local laws regarding gender, as well as local beliefs regarding health services (eg. access to contraception, etc.).

Recommendation #4 – Language Competencies

Guideline Statement: Canadian medical schools should ensure that students communicate their language abilities to elective supervisors and build specific medical communication skills to facilitate meaningful and respectful interactions.

Rationale:

Communication is the cornerstone of the medical encounter. It is fundamental to building the patient-healthcare provider relationship. The basics of conducting the medical interview rely on a mastery of language necessary to understand the details of the illness and its effects on the patient.[24] Ideally, medical students should have proficiency in the language patients use to communicate with healthcare providers. However, many students participate in electives in locations where they do not speak the local language. Medical students should be expected to attempt to learn aspects of the local language in order to facilitate basic communication and to demonstrate respect. Students may have the opportunity to work with interpreters during their elective, including other health professionals, family members of the patient, or official interpreters. Working with an interpreter requires specific skill sets to which many medical students are not exposed. The quality of the interview depends on several factors relating to the student, interpreter, and the patient. Medical students should be aware of issues such as neutrality, power imbalance and biases that may arise when working with an interpreter.[25]

Recommendations:

- Language Basics: Students should identify languages spoken by patients in the area they will be working in advance of their elective. They should be aware that the local language used may be different from the official language of the host country or the language spoken by other health professionals. Students should attempt to have a basic ability to communicate in the local language when feasible.

- Host Language Expectations: Students should understand and comply with host expectations of language competency.

- Interpreters: Students should know whether they will be practicing with the assistance of an interpreter while on their elective. They should understand the role of interpreters in the medical interview and the constraints associated with use of family members and other health professionals as interpreters.

Recommendation #5 – Ethical Considerations

Guideline Statement: Canadian medical schools should ensure that students are aware of the ethical dimensions of studying and working in low-resource environments and follow recognized standards of professional and ethical behaviour while on any elective.

Rationale:

Every patient encounter, whether in Canada or abroad, may involve challenging ethical considerations. However, students that choose to pursue electives in low-resource countries are often faced with unique ethical challenges that relate to both their personal goals for taking the elective as well as the situations that they may encounter. The increased likelihood that students will encounter ethically challenging situations while undertaking an elective in a low-resource location means that medical schools should make sure that students receive training in ethical practices under different conditions of health care and resources. Though what may be considered ethical can vary by situation, there also exist guiding principles that remain applicable across different situations.

Medical students often choose to participate in international electives for the challenges and rewards of experiencing health care delivery in a different cultural and organizational context. For some, this choice includes the opportunity to gain more hands-on experience or to practice procedures they would not be allowed to perform at home.[26] This is an ethically fraught decision that is hotly debated within the context of "medical tourism".[27-31] Canadian medical schools should assist students in analyzing their goals and expectations for electives to ensure an appropriate understanding of the ethical parameters of studying or participating in health care delivery in low-resource settings. Medical schools have an obligation to their students and to communities where their students work to insure that no student undertakes an elective in a low-resource setting with the purpose of being allowed to practice beyond that which would be acceptable at their home institution based on their level of training.

Students may be ill-prepared to deal with the sometimes long-term emotional consequences of their involvement in ethically challenging situations that arise while studying in low-resource sites.[32] For example, students may find themselves asked to perform clinical procedures that they are not qualified to do at home. Given the strained health resources of many low-resource countries, students may assume that "limited resources and huge health needs justify taking on roles of qualified doctors".[33] However, inadequately supervised students risk doing more harm than good, and students should receive pre-departure training on how to recognize their limitations and ask for assistance. In a second example, students may avoid asking for needed supervision because of the realization that this request may take important personnel away from their other jobs. These limited examples show some of the challenges that schools need to consider when preparing medical students to participate in electives in an ethically appropriate manner.

Recommendations:

- Expectations of the Elective: Schools should assist students in evaluating their motivation for participating in an international elective. Students should develop clear and appropriate goals and expectations for electives in low-resource countries.

- Understanding of Ethical Framework: Students should be exposed to an array of potential ethical dilemmas prior to their departure that they may face while on international electives, and be provided with a framework to approach such problems.

- Code of Conduct: Schools should offer clear guidelines on professional behaviour expectations for students on elective in low-resource settings, and should ensure that students are aware of these guidelines prior to their departure. Furthermore, students should be reminded of the imperative to "do no harm" while on elective.

- Appropriate Licensing: Students should make sure they have the appropriate licenses/privileges and malpractice insurance required by the hosting institution. Furthermore, students should ensure that their on-site supervisor has a clear understanding of the level of the students' skills/abilities/privileges in Canada.

- Canadian medical schools should ensure that a faculty member at the student's home institution has been identified with whom the student may consult concerning ethical issues or other questions that arise while on site at an international placement.

- Medical schools should have an understanding of the type and amount of supervision that will be available for their students participating in an off-site elective. This supervision should be appropriate for the level of training the student is undertaking.

Recommendations for Implementations

There are a variety of approaches available for implementing pre-departure training for medical students wishing to participate in electives in low-resource settings away from their home institution. A partial list of current activities at different Canadian medical schools is included in Appendix 1. We recognize the current time constraints on medical school curriculum, and realize that pre-departure training may need to be provided as an "after hours" event in the form of evening or weekend workshops. Medical schools seeking assistance in developing or improving their pre-departure training options for students are advised to consider resources available including specialized agencies, the Global Health Education Consortium and other medical schools. Examples of resources that provide specific information regarding personal health, travel safety, cultural awareness, language competencies and ethical considerations are listed in Appendix 2. In addition to these specific resources, more general approaches include:

<u>Outside Agency-Provided Workshops</u>
There are numerous agencies dedicated to providing high quality pre-departure training for professionals working overseas. For example, the Centre for Intercultural Learning implements training for all CIDA interns and expatriates working overseas.[34]

<u>E-Learning Modules</u>
The Global Health Education Consortium (GHEC) has accumulated over thirty active e-learning global health modules relevant to preparing students for an international experience.[35] The University of Ottawa is piloting a new series of e-learning modules dedicated specifically to preparing Canadian medical students for international electives.

<u>Experiential Individual or Small Group Learning</u>
Among the successful approaches to preparing individuals for global health work have been those that utilize experiential learning techniques. This approach includes interactive case-

studies and scenarios aimed at helping students to identify their own cultural biases, to work towards developing coping strategies for unexpected challenges and methods to process experiences into new perspectives. For example, the Centre for Intercultural Learning incorporates these teaching strategies into their pre-departure training.

Mainstream Global Health Curriculum

Complementary to our survey of Canadian medical school pre-departure programs, Izadnegahdar *et al.* (2008) have previously described the current state of global health education in Canadian medical schools.[4] The importance of comprehensive global health curriculum, in addition to specific pre-departure training, cannot be overstated. Laval University has a well-established program that combines global health and pre-departure training with the opportunity to participate in an internationally-based elective. Synergistically, pre-departure training can be effectively included in a broader global health curriculum. Further examples of combining global health curriculum with elective opportunities in low-resource locations from the literature include Bateman *et al*. (2001) describing models as used in the United Kingdom, Sweden and The Netherlands[36] and Miranda *et al*.[37]

GHEC, in conjunction with the American Medical Student Association, has written a guidebook on developing global health curriculum. The chapter entitled, "Forms of Global Health Education" (pg. 16-21) elaborates details on implementing didactic global health lectures and speaker series, facilitating global health mentoring of medical students by faculty, creating independent learning opportunities and e-modules, and encouraging student participation in global health national or international organizations.

Conclusion

An increasing number of Canadian medical students are participating in electives in low-resource locations, often overseas. Canadian medical schools need to ensure that students participating in these experiences are appropriately trained and supervised. Therefore, it is incumbent on those schools that allow their students to participate in these activities to ensure that their students receive training before going abroad. This report provides suggested guidelines and resources for schools interested in establishing or improving their pre-departure training programs. Done properly, these programs should help students be more ready for the logistical, ethical and other challenges they may face while on elective, and hopefully improve their educational experience. At the same time, this training should assist Canadian medical students to act in ways that are respectful of the patients and the communities they have the privilege of interacting with.

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Appendix I – Survey of Pre-departure Programs

University/ Université	Pre-Departure Program	Mandatory	Administered by	Students Charged	Cumulative Hours	Program Content					Emergency Contact at School	PEP Provided	Post-Return Session
						Personal Health	Travel Safety	Cultural Awareness	Language	Ethics			
Alberta	yes	no	Fac Med, student group	no	16	✓		✓		✓	yes	no▫	yes
British Columbia	yes	no	student group	yes	12	✓	✓				faculty advisor	no	no
Calgary	yes	yes	UIO	no	0.5	✓	✓				IHP	no▫	no
Dalhousie	yes	yes	IHO	yes	3-10	✓	✓	✓	✓	✓	IHO	yes	yes
Laval	yes	yes	Fac Med, UIO	yes	25-30	✓	✓	✓	✓		UIO	no▫	yes
Manitoba	yes	no	UIO	yes	6		✓	✓	✓		yes	yes	yes
McGill	yes	no	Fac Med, student group	yes	8	✓	✓	✓			no	no	no
McMaster	yes	no	Fac Med, student group	no	6	✓	✓	✓		✓	electives coordinator	yes	no*
Memorial	no										electives coordinator	no	no
Montreal	no											no	no
Northern Ontario	no										no	no	no
Ottawa	no*										no*	no	no
Queen's	yes	yes	UIO, student group	no	8	✓	✓	✓	✓	✓	UIO, electives coordinator	no	no
Saskatchewan	yes	yes	UIO, Fac Med, Student group	no	10-12	✓	✓	✓	✓	✓	faculty advisor	yes	yes
Sherbrooke	no*											no	no
Toronto	yes	yes	CIH	no	10	✓	✓	✓	✓	✓	yes		yes
Western Ontario	no*										no	no	no

* pending implementation in 2008

▫ PEP discussed with students but not provided

IHO = International Health Office, Fac Med = Faculty of Medicine, UIO = University International Office, IHP = International Health Program, CIH = Centre for International Health

Appendix II – Resources for Implementation

Personal Health

- Health Insurance: Study/Work/Travel Abroad Information Sheet#16. Queen's University International Centre.
- Public Health Agency of Canada Travel Advice: http://www.phac-aspc.gc.ca/tmp-pmv/travel/advice_e.html
- Know Your Destination: http://wwwn.cdc.gov/travel/destinationList.aspx
- Government of Canada Travel Information: http://www.voyage.gc.ca/
- Government of Canada Travel Medicine FAQ: http://www.voyage.gc.ca/main/before/faq/medical-en.asp
- Centers for Disease Control Travel Health: http://wwwn.cdc.gov/travel/default.aspx
- Travel-related immunizations: http://www.phac-aspc.gc.ca/im/travelvaccines-eng.php
- Travel clinics in Canada: http://www.phac-aspc.gc.ca/tmp-pmv/travel/clinic-eng.php
- WHO Post-Exposure Prophylaxis: http://www.who.int/hiv/topics/prophylaxis/en/
- Women's Health: "Her Own Way: A Woman's Guide to Safe and Successful Travel": http://www.voyage.gc.ca/main/pubs/her_own_way-en.asp
- Special Needs Travel Advice: http://wwwn.cdc.gov/travel/contentSpecialNeeds.aspx
- Special Needs Travel within Canada: http://www.accesstotravel.gc.ca/main-e.asp

Travel Basics:

- Public Health Agency of Canada: "Know Before You Go" information for travellers http://www.phac-aspc.gc.ca/tmp-pmv/index-eng.php
- World Health Organization: Demographical and geographical information on individual countries, as well as statistics on disease rates http://www.who.int/countries/en/#T
- Foreign Affairs Canada
    - On-line travel report http://www.voyage.gc.ca/consular_home-en.asp
    - List of publications which deal with various aspects of travel such as lone female travellers, adventurous travellers, drugs and travel, travel basics: http://www.voyage.gc.ca/main/pubs_menu-en.asp
    - Detailed demographical, geographical, economical, social and cultural profile of many countries http://www.voyage.gc.ca/dest/ctry/profiles-en.asp. Select "Country Insights" for more detailed information
- United Nations Social indicators: http://unstats.un.org/unsd/demographic/products/socind/
- Currency exchanger website http://www.xe.com/
- Important phone numbers to note:
    - Consular Services, Department of Foreign Affairs and International Trade: 1-800-267-6788, 613-944-6788, voyage@international.ca
    - Emergency contact phone numbers http://www.voyage.gc.ca/main/sos/emergencies-en.asp
- Problems abroad http://www.voyage.gc.ca/main/problems/problems-en.asp
- Google maps - great way to obtain a map of the host city ahead of time www.googlemaps.com
- Frommer's calendar of events – search by date for events going on in the country you will be visiting http://events.frommers.com/sisp/index.htm
- Humber College International Project Management Guidebook 2005-06, available at (insert site – I have this in PDF, it's very useful but not online. Can we put it online somewhere and

create a link? Maybe we can put it up on HealthforAll website? We could download it under "Download Centre", then "Books and Documents").

- Frommers Packing List: http://www.frommers.com/tips/packing_tips/travel_planner.pdf
- GHEC Bibliography site: http://www.globalhealth-ec.org/GHEC/Resources/resources.htm Scroll down and download, "Preparing for your overseas experience".
- Lonely Planet Packing BlueLists: http://www.lonelyplanet.com/bluelist/index.cfm?fa=main.listsAbout&keyword=packing
- Travel Independent List: http://travelindependent.info/whattopack.htm (cut this out?)

Cultural Awareness:

Cultural Humility:

- *Working from Within: 24 Tips for Culturally Sensitive Programming* – UNFPA http://www.unfpa.org/upload/lib_pub_file/326_filename_24tips.pdf
- *Bias Survey* – An exercise for individuals or groups to identify personal biases http://poynteronline.org/content/content_view.asp?id=9521&sid=5

Gender Sensitivity:

- *Gender Equality and Humanitarian Assistance, A Guide to the Issues* Canadian International Development Agency ~ International Humanitarian Assistance Division. 2003
- *Women's Human Rights – Amnesty International*; Provides overviews of topics such as female genital cutting, war rape, and intimate partner violence. http://www.amnestyusa.org/Violence/Womens_Human_Rights/page.do?id=1108439&n1=3&n2=39&n3=739

Integrative approach to offering care in resource poor settings:

- *The health journey – Understanding the dimensions of care and treatment for people with HIV. A community centred approach* – International HIV/AIDS Alliance www.aidsalliance.org/publications (I also have this document in PDF. Even thought this document focuses on providing care for HIV positive patients, it can easily be applied to other health care matters. See page 3)

Language Competency:

- Classes at local university or college
- Online language programs: http://www.berlitz.us/
- Database of 6,912 living languages of the world: http://www.ethnologue.com/country_index.asp
- Medical Terminology
    - Spanish
      http://www.som.tulane.edu/groups/lamsa/ls.html
      http://www.studentsofmedicine.com/Introduction.htm
    - Punjabi
      http://ubcscchc.googlepages.com/
    - French
      http://dictionary.reverso.net/medical-english-french/
      Lutz K, Schmitt C, *Médecine et Soins Médicaux; Lectures et Vocabulaire en Français*
    - Portugese

Medical dictionary/diccionario de medicina/dicionario de termos medicos : english-spanish-portuguese/espanol-ingles-portugues/portugues-ingles-espanhol. Nolte-Schlegel, I. 2004

- Russian
  Pocket Medical Russian by Russell K Dollinger
- Cantonese
  http://edinfo.med.nyu.edu/mc/pdx
  http://ubcscchc.googlepages.com/
- Mandarin
  http://edinfo.med.nyu.edu/mc/pdx?catetree=Patient%20History%20:%20Basics%20:%20Intro&catetreeids=3,76,140&cateid=140&langid=2

Ethical Considerations

- Dalhousie University. Code of Conduct for International Placements. http://iho.medicine.dal.ca/education/code_of_conduct.cfm

- Child Family Health Initiative. Professionalism 101. http://www.globalhealth-ec.org/GHEC/Resources/professionalism_cfhi.pdf