



Dr Vicky Lavy

SHORT-TERM MEDICAL WORK

Good practice guidelines for short visits
and mission teams

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Short-Term Medical Work:

Good practice guidelines for short visits and mission teams

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1. INTRODUCTION

Medical mission and international healthcare have changed in recent years. A greater number of people are involved, working in a wider variety of settings, and a greater proportion are doing short-term visits rather than living and working in a country for years at a time. A survey of members of CMF UK in 2010 found that 40% of the 1,121 respondents had been on a short-term medical visit of some sort, in one of 98 countries around the world.¹ It is estimated in the USA that more than 200 healthcare mission teams go out every month, and over \$440 million is spent per year on drugs taken out by these teams; airfares and accommodation are additional expenses.²

Short visits can be an inspiring, eye-opening, valuable learning experience for the visitor and can make a useful contribution to medical work overseas, but trips that have not been well-planned and thought-through can have a minimal, or even negative impact. This booklet has been written to help doctors who are planning a short-term visit to think through the issues involved, so that the visit will be worthwhile both for the visitor and the host.

How short is short-term?

Some long-term workers consider any stay less than two years to be a short-term visit; other people consider any visit longer than three months to be long-term! This booklet has been written with visits of one week to two months in mind, eg a one-week visit to provide a specialist surgical service, or a two-month locum covering a colleague in a mission hospital. However, many of the principles in these guidelines apply to longer trips as well. CMF's booklet *Working Abroad* looks at some of the issues involved in longer-term work, and the *Elective Handbook* gives advice specifically for medical student electives.

Who benefits from short-term medical visits?

Individuals often benefit greatly from a period of work in a low-income country, both professionally and personally. New skills are learnt and horizons broadened. Being pushed out of your comfort zone can lead to spiritual growth; seeing different needs and priorities can change your thinking. The Department of Health's International Humanitarian and Health Work toolkit³ details the ways in which the NHS also benefits as its employees return with new skills, increased cultural awareness and enthusiasm; and the Government's Crisp Report⁴ (2007) recommended that short-term volunteering should be made easier for NHS staff. Those on the receiving end in low-income countries can benefit from the skills, energy and support that visitors bring. However it is important to realise that it is often the visitor who benefits most in the short term. This is not necessarily a bad thing as long as it is recognised; if both parties have realistic expectations, short-term medical visits can be very worthwhile and may well lead to visitors making a longer contribution in the future.

I went to Zimbabwe during the cholera crisis, to stand alongside our brothers and sisters in their national CMF. I was able to help in some ways - giving fluids, helping with logistics...and yet when I left I realised that I had learnt so much more from this enthusiastic, gifted and fearless group of medical students and junior doctors whose heart was to see God transform their country.

John Greenall, UK

We have many short-term visitors to our slum transformation project. Because our programme is well established and run by local staff, visiting volunteers can slot in and contribute in many ways. They bring enthusiasm and energy, and are moved and challenged by what they see. The slum inhabitants love having visitors because they have always been so isolated and looked down on, but now they meet people from all over the world. Links and friendships are made and we all enjoy the Kingdom of God together!

Kiran Martin, Director
Asha Community Health and Development Society, India

Keeping in mind some core values will help visitors to be a blessing and not a burden.

Core values for short-term visitors

- **Humility** – be ready to learn from your hosts. Don't assume you know best and avoid criticism or even 'helpful suggestions' when you have only been there for a short time
- **Partnership** – 'How can I be a part of your work?' rather than 'I am here to fix your problems'
- **Respect** – for the local people, their culture and their achievements
- **Integrity** – transparency in all dealings with hosts and authorities
- **Excellence** – the best we can be in all that we do
- **Awareness** – of the wider context and the long-term picture
- **Building relationships** – good relationships may be more important to your hosts than any tasks you achieve. Long-term relationships built through repeated visits bear most fruit
- **Pointing to Jesus** – we want people to know God's love for them through all we do and say

2. DIFFERENT TYPES OF SHORT-TERM MEDICAL VISITS

People make visits at different points in their career: as students with no qualifications, as junior doctors with varying degrees of experience, and as senior or even retired doctors with significant skills and management expertise. Going at any of these times can be worthwhile, but it's always good to be clear about the aims and expectations of the trip. You should always be expecting to learn, but if you are planning to provide a service as well, there are specific issues to consider.

Learning experience

Going on a short visit to learn about the world and gain experience can be very valuable, and if you are considering working somewhere longer-term, a short visit to investigate is an excellent idea. Recognise that the trip is mainly for your benefit and be careful not to be a burden on your host. Be realistic about how much you can contribute in a short time and with limited experience, but be ready to help where you can.

I went on a trip to South Africa to volunteer in a rural hospital. I got a great deal of experience and had a huge amount of fun singing with the nurses. It was great to be able to help in an area that desperately needs doctors, but it also made me realise how much I want to work there on a more long-term basis.

Chris Lowry, UK

I had lost my enthusiasm for medicine by the end of my fourth year as a student and was genuinely thinking about giving up. But since I'd already booked my elective, I decided to go and use the time to think and pray over the future. While I was away God renewed my passion for serving him in medicine, and now, five years later, I am back in the mission hospital in Madagascar for two years, doing a job that I love. It's such an immense privilege to see God working in people's lives and to be able to share a little in that.

Vic Parsonson, Madagascar

If you are flexible, keen to learn and willing to serve, you can be a great encouragement and a useful pair of hands.

2. DIFFERENT TYPES OF SHORT-TERM MEDICAL VISITS

Short-term mission trips have kept the flame burning for long-term mission, reminded me of how the majority of our world live, and grown my heart for people from many different cultures and worldviews. And I pray that as a result, I may see people more like Jesus does.

John Greenall, UK

Our short-term trip meant that we were positioning ourselves for God to speak. We should all be open to God as he puts opportunities in our path to explore and seek the plans he has for our lives. We felt called to return to India and are working here long-term - and we don't regret it!

Mary Cusack, India

*Surgical visit*⁵

Successful surgery can be life-changing for the lucky few who see the visiting specialist but there will be no benefit for all the other patients who need surgery unless training takes place.

- Even if there is no local surgeon to train, try to work with local nurses/anaesthetists/technicians rather than taking over the entire theatre with your team
- Operate with what is locally available rather than taking your favourite equipment with you, unless you are planning to leave it behind - this means they can do the operation after you have gone
- Don't do new or difficult operations for your own challenge; rather help them to do a more appropriate operation themselves
- Think about what other services will be needed (eg ITU, physio) and do what is appropriate for the situation
- Try hard to let the local surgeon

When I visited Bosnia during the war, I didn't do much operating. The local surgeons were totally competent, but they were isolated and disheartened. What they appreciated most was hearing from us about new developments in orthopaedics and sharing their own experiences. We would talk - and laugh - late into the night as we exchanged stories.

Chris Lavy, UK

be the operator and let the local people see his/her success. You will get fewer cases done but you will have much greater long-term impact

- Be aware of the extra work you are creating for local staff - don't expect them to work extra long days without reward
- Explore before your visit whether your visit might destabilise an existing system; a radio announcement for free operations can ruin the elective list and the economic livelihood of another surgeon working elsewhere in the region
- Beware of the 'surgical safari' in which you or a more junior colleague use the opportunity to operate on cases which you don't get the chance to do in the UK. If anyone is doing an operation for the first time, it should be the local surgeon and not a UK trainee

Specialist medical input

Providing a specialist service (eg cardiology, endocrinology etc) can be very valuable if a need is recognised by the local clinicians. As with surgical visits, training should be a part of every trip, and the aim should be to help them develop a local service. However, it may be a long time before sub-specialists will be available in some places, so the aim should be to set up good systems for coordinating repeated visits and referrals, and training in case-recognition and management.

A newly qualified consultant in respiratory diseases arranged a visit to the College of Medicine in Malawi through a hospital link. Having corresponded with the Department of Medicine in Malawi, he arranged his own flights and local accommodation (with advice from the hosts). Upon arrival he attended clinics and teaching sessions that were in place. During one fortnight he led workshops on respiratory disease arranged by the host department, participated in clinics with students, restored the department's non-functioning equipment, taught staff how to use it, and left a dozen peak-flow meters and the expertise to use them. His visit was much enjoyed by all and has since led to further regular visits, and to enhanced quality of care and teaching in respiratory disease.

Malcolm Molyneux, Malawi

Primary healthcare clinics

Careful consideration is needed here because in many places primary healthcare is already happening, and local practitioners who understand the system and the pathology will be more useful than a visiting short-term team. Temporary clinics giving out free treatment are of questionable value; often large numbers of patients are seen but many will be suffering from chronic disease (eg musculo-skeletal problems, hypertension, infertility) that cannot be cured with a short course of drugs given after a brief consultation. Patients may delay seeking help for urgent problems while they wait for the free clinic to come, and may fail to access on-going care for chronic problems in the hope that the treatment from the visiting foreigner will be a cure. Local clinicians may lose all their patients to the visiting team who are seen as superior (and usually free), and the drive to develop better, permanent health provision is reduced.

In view of all this, contributing to clinic-based medical care is best done by supporting an existing service and helping local people to develop it further. Sometimes helping with a community health survey may be a useful catalyst to get a new service going. Encouraging disease prevention and health education will have a greater impact than seeing large numbers of patients in a short space of time - but there must be input from local people and awareness of national health structures, as one-off health education messages from outsiders are unlikely to lead to lasting behaviour change. Training of health

In our area, outsiders helping with a local survey can (and did on one occasion) result in the shutdown of medical work. People complained that outsiders came, told them to wash their hands and then went away. This meant in our health work, I had to avoid talking of washing and hygiene in the early stages and put disease prevention later in our training so that we could engage people before addressing these issues. Disease prevention can be more sensitive than clear training from a specialist. In another area, the community did not want to cooperate after a team came because they said the people just asked questions and did not do anything.

CMF member, China

workers should be part of the programme, but must be at their request and in line with local and national practice.

Training visit

While every trip to provide a clinical service should include training, many visits are carried out specifically to teach. This may range from teaching a postgraduate course in a university department, to working alongside an individual health worker and supporting him in his daily practice. It is vital that your training is relevant, appropriate and guided by the learning needs of those you are training. You should be going to do what they want and need, not to run your pre-set programme.

- Have regular email contact with your hosts before going, to define exactly what their learning needs are and what they want from you
- Build relationships with key people - time spent doing this, sitting in offices chatting or having meals together, is never wasted (even though from a Western perspective it may feel like it!)
- In addition to teaching facts and skills, aim to be a role-model, demonstrating Christ-like compassion and respect for patients, and integrity in practice
- Seek to arrange follow-up to support trainees as they implement what

I've been involved for many years in spreading PRIME's⁶ vision of teaching whole person care in India, sometimes giving short courses and sometimes spending several months at a time there, helping them set up training programmes and continuing professional development systems for their staff. Recently I had the privilege of travelling with a small group of Indian tutors and coaching/mentoring them while they delivered the same teaching to colleagues in a number of hospitals around North East India. It is always exciting to see doctors grasping the vision of medicine as a Christian vocation and wanting to train others to do it. PRIME offers many opportunities to join short-term training trips in low-income countries and will be happy to offer advice.

Huw Morgan, UK

2. DIFFERENT TYPES OF SHORT-TERM MEDICAL VISITS

they have learned in their own practice. This might be by email and Skype with you, or follow up from someone in country, or a repeat visit in the future

- Recurrent short-term visits are particularly effective - your training will improve as you get to know the people and situation better. You can make suggestions for activities prior to your next visit and monitor progress
- The ultimate sustainable form of training - perfectly possible with recurrent short-term visits - is to train trainers in whatever is your field of expertise.

I had great input from a couple who came to help with a training course. They slotted in and were willing to teach whatever I put on the timetable for them. They were flexible, listened well and asked questions to ensure their teaching was appropriate for the educational level of the learners. They energised me by their visit and we could not have done the work without them. On another occasion, a large number of professionals came with unrealistic expectations of being able to do specific things. We achieved it but I had a huge task to keep the local hospital happy and be the intermediary.

CMF member, China

Disaster relief

When disaster strikes and a crisis is in the news, many people want to go out to help. However, even with the best intentions and strong clinical experience in the UK, it is easy to do more harm than good. It is generally only appropriate to respond if you have previous experience in this field and a specific skill that is needed. For most people, the most effective way to help is to pray and give money to an organisation that is responding.

If you are in a position to help, it is vital to go through an established, recognised organisation. Crises often attract a number of small medical and surgical teams, which can lead to chaos. After the earthquake in Haiti in 2010, hundreds of aid agencies flocked to respond. Over 400 medical organisations registered with the UN's Office for the Coordination of

Humanitarian Affairs and there were others who did not even register.⁷ This made the crisis more confusing and the response uncoordinated.

If you are considering volunteering with an organisation, check whether it is a member/observer of the Global Health Cluster,⁸ which is the coordinating body for humanitarian health. Some potential organisations are:

- Medair
- Medecins du Monde
- Action Contra la Faim (ACF)
- Care
- Tearfund
- Merlin
- Save the Children
- World Vision
- International Federation of the Red Cross/Crescent

Some of these organisations provide training courses in advance of a disaster. RedR (Register of Engineers for Disaster Relief) also runs helpful courses on disaster response, with a focus on public health.

Most agencies already have teams on standby for global emergency response but they may be able to include you if you have relevant experience. As the disaster stabilises, there may be opportunities for those with less experience to go.⁹

The UK International Emergency Trauma Database is a list of professionals willing to help in a disaster overseas: www.uk-med.org/trauma.html

Following the Pakistan earthquake in 2005, a thousand doctors arrived without supplies, equipment or resources to provide for themselves in an earthquake zone. It took a great deal of work over several weeks for the health cluster to match them up with agencies that had field hospitals and supplies and could accommodate them.

Rachel Kessler,
WHO health cluster coordinator

2. DIFFERENT TYPES OF SHORT-TERM MEDICAL VISITS

Health Partnership Link

Getting involved with a health link gives excellent opportunities for short-term visits. There are over 100 links operating all over UK, which connect hospitals, trusts and universities here with counterpart institutions overseas. They have the advantage of a long-term relationship that benefits both parties and continues beyond the involvement of any one individual. Activities include training trips, service provision and exchange visits. Tropical Health Education Trust (THET)¹⁰ provides information about established links you could join, and resources to help set up new ones.

I have been involved with a partnership between the university hospitals of Nottingham and Jimma, Ethiopia, that has been going for 17 years. It was set up through THET, which develops and supports hospital links to improve health services in low-income countries. The link involves short visits in both directions. Our trips follow requests made by our Ethiopian colleagues for teaching on a particular topic or help in a particular area. My role has been teaching neonatal care and resuscitation, but the link involves the whole hospital so all sorts have been out - radiographers, physios, librarians, laundry managers, human resources and medical records staff. Our Chief Executive went and returned enthusiastic to develop the link, not just for altruistic reasons but because he saw how much it contributes to personal and professional development in Nottingham. Lasting friendships are formed even though the visits are short - the link is a long-term relationship.

David Curnock, UK

Locum for a long-term worker

Providing cover for a long-term worker is a valuable contribution and is made more valuable by returning to the same place. If you become a 'regular' who knows the ropes, you can be a great blessing. But remember that you are there to hold the fort, not change the world. Needs for locums are advertised on the CMF website.

Church visit

Churches in the UK sometimes send teams to strengthen church links, or visit a project they are supporting. Even though it may not be a medical trip, it's a great opportunity to learn about life and work in a low-income country.

However, there can be a temptation for health professionals in the team to set up a clinic and treat people using drugs they have taken with them, often without the knowledge or permission of local or national medical authorities. This can destabilise the existing system and create unsustainable expectations.

In my eleven years as an orthopaedic surgeon in Malawi, we enjoyed three short-term consultant visitors who made three or more visits each around the time of their own retirements. They were particularly useful in covering the leave periods of the long-term surgeons. Whilst they had different personalities and skills, they each had humble spirits, flexible natures, and the gift of encouragement, which they spread liberally amongst us.

Jim Harrison, Malawi

We have just had a church team out from the UK for two weeks. One of the team was a young man who had never been to a developing country before. The trip impacted him in a way that watching stats on TV had never done. As he left, he told us: 'Now I've seen this with my own eyes, met the individuals and families and seen the huge needs, I would now need a huge reason NOT to come back out to work here.'

Mary Cusack, India

2. DIFFERENT TYPES OF SHORT-TERM MEDICAL VISITS

Local people may well ask for medical help, but that does not justify setting up a poorly planned, uncoordinated service. Refusing requests is difficult, but may be the most appropriate response.

Instead, it is good to visit local health services while on such a trip, to meet and encourage local professionals. You may see a way that you could contribute in the future with a well-planned visit, after full exploration of the current situation.

After a team visit to a small church in Honduras, the local children refused to go to their regular Sunday school class. They complained that they weren't as exciting as the activities the team ran, and they weren't getting any of the free gifts that the visitors brought. " Medical help has the potential to create a similar response.

Imagine a group from another country visiting your church in the UK. The doctors in the team speak no English, have minimal knowledge of common pathology and no understanding of the UK health system. But after church they start treating people with drugs you have never heard of, and certainly without permission from the local health authorities! The patients may appreciate the attention, but it is not a good way to deliver healthcare.

3. WHAT IS MEDICAL MISSION?

Some visits are called 'missions'. What makes a trip a mission trip? The word mission is used in many ways in different contexts. In a Christian context, mission in its broadest sense is God's plan to redeem and restore the whole world, reconciling us to himself through Jesus (Colossians 1:19-20).

It is an all-encompassing mission, bringing the good news of the gospel, restoring broken people and bringing justice in broken communities. It is motivated by God's love for all he has made, and his desire that everyone should respond to him in repentance and faith (2 Peter 3:9). God uses his people to accomplish his mission: Jesus said 'As the Father has sent me, I am sending you' (John 20:21).

As Christian doctors, we are part of the plan, bringing God's love to a needy world through competent, compassionate healthcare. As well as meeting physical needs, we have the privilege of pointing people to Jesus, in whom our ultimate healing and salvation lies. In one sense, all Christian health professionals are called to do 'medical mission' wherever they are; we are sent by God into a broken world to play a part in its restoration, both through our medical skills and as we share the good news of God's love whenever there is opportunity - living and speaking for Jesus both at home and away.

A specific 'mission trip' aims to be a witness for Christ in a different place. Sometimes the label 'mission' indicates an emphasis on spiritual ministry, but it's important not to view medicine simply as a means to an end - a ticket to a venue for evangelism. The medical work itself

Jesus' Mission

'The Spirit of the Lord is on me, because he has anointed me to proclaim good news to the poor.

He has sent me to proclaim freedom for the prisoners and recovery of sight for the blind, to set the oppressed free and to proclaim the year of the Lord's favour.'

Luke 4:18-19

Medicine is not a means to an end; bringing healing and restoration is part of God's mission.

3. WHAT IS MEDICAL MISSION?

is part of the mission, and 'medical mission teams' should be responding to a medical need, at the invitation of the hosts and supporting the development of local services.

Sharing faith must be done sensitively; in some settings it may be difficult for outsiders to preach and teach during a short excursion into another culture. But there are often many opportunities as visitors to 'give the reason for the hope that you have' in one-to-one conversations, always done 'with gentleness and respect' (1 Peter 3:15). Sometimes it can be a great blessing for the local church to have a visiting team help run an evangelistic event or children's programme; the important thing is to seek guidance from local Christians about what is the best approach, and to support them in what they are already doing.

One of the great things about short-term trips is seeing how God is at work through his people in other parts of the world, and having the privilege of joining in. It may be more helpful to think about a short-term visit as a 'vision trip' to discover what God is doing rather than a mission to save the world! We usually gain far more than we give.

I went to Cambodia with my wife and two children to see what it might be like to live and work in this fascinating land. I have read the books, seen the films - but to be there, feeling the heat, smelling the smells, asking God to burn on my heart a passion for these people, was an incredibly valuable experience. Short-term trips like this one have helped me understand God's heart for lost people and see how he is at work in every country among every people group. Places like Cambodia need long-term workers, and a short-term visit was essential in helping us plan how we might consider this in the future.

John Greenall, UK

4. POSITIVE AND NEGATIVE ASPECTS OF SHORT-TERM MEDICAL VISITS

Potential benefits

- Learning and experience for the visitor; clinical, management and teaching skills
- Personal and spiritual growth as well as enthusiasm and refreshment
- Increased cultural awareness and adaptability benefits the visitor and also the NHS on return
- On-going commitment to give, support and pray
- Can encourage/prepare for long-term service in the future
- Relationships developed between host and visitor - mutual learning, encouragement and support which may lead to ongoing partnership
- Training of host professionals and transfer of skills
- Health impact - may be life-changing for individual patients (eg successful surgery) but wider impact less likely
- Provision of equipment/supplies - during the visit and by ongoing support in the future
- Providing fresh encouragement and fellowship for long-term workers

Potential harm

- Burden on host - providing accommodation, transport, orientation
- Increased workload for local staff - extra clinics, theatre lists, translation
- Harm to patients - eg enthusiastic visitors practising outside their expertise, no follow up, donated equipment used badly after they've gone
- Inappropriate advice given with no understanding of the local context
- Disempowering of local health workers and dependence on external support, supplies and expertise
- Loss of income for local practitioners - patients want to see the western 'expert'
- Weakening the health system through creation of parallel mechanisms and diverting funds; giving relief rather than development
- Money spent with minimal impact - the cost of a short-term team might fund a clinic for a whole year
- Carbon footprint of many expats travelling

4. POSITIVE AND NEGATIVE ASPECTS OF SHORT-TERM MEDICAL VISITS

These two true stories, recounted in Greg Seager's book *When Healthcare Hurts*,¹² are extreme but thought-provoking examples of negative effects of short-term visits:

A medical team arrived in a Honduran village in response to an invitation from a local pastor who had organised the church to be used as a clinic. The team saw patients all day and had to turn some away. One of the translators got a lift home with a friend in a truck. A young woman holding a baby wrapped in a blanket was also in the truck. After getting into the pickup, the translator asked to hold the baby. The mother replied only by asking if he had been working with the medical team that day. It was then that he realised something was terribly wrong. The mother explained that she had waited in line all day for the doctors to see her baby, but she was too far back and did not receive care. The baby had died. The local public health clinic was only two blocks away from the church where the medical team was serving.

Tschiegg

When I was in Haiti in the summer of 2010, I was meeting with one of our facility partners. The hospital chief of staff there described serious economic hardship for their hospital after the earthquake. This facility was one of the more functional medical facilities in Haiti, yet it was threatened, because without a payment model healthcare is not sustainable - not in North America and not in Haiti. The problem was a result of all the free volunteer care being provided by short-term programmes from North America. He feared that the vast number of volunteer healthcare teams could close their hospital, since no one wanted to pay for care when they could get free care from (as perceived by the community) better-qualified staff from North America.

J. Fequeire

5. QUESTIONS TO CONSIDER BEFORE PLANNING A SHORT-TERM VISIT

Sit down on your own or with the group you are planning with and work through the following questions:

Potential benefits

- Why do you want to go overseas - what is your motivation?
- Why do you want to go short-term?
- Are you prepared for the challenge?
- What do you know about the place you are planning to visit?
- Who has invited you?
- What are the goals for the trip?
- Do you have the necessary skills?
- What will happen after your visit?

These are some of the things that should be thought through before planning to go on a visit. They are not all relevant for every kind of trip, but if you find there are many questions which you can't answer, you may need to do some more thinking, researching and planning before you decide to go.

Why do you want to go?

There are many different reasons why people do short-term medical work; they often have a mixture of motives:

- To learn - new skills, new challenges, new culture, sometimes as part of medical training/elective
- To help - clinical work or teaching; a desire to give to those who have fewer resources and training than we have had
- To share the gospel and encourage the church
- Sense of adventure - travel, see the world, meet new people
- Take a break from the career ladder - do something different

Often there will be a mixture of motives. There is nothing wrong with this, but it's important to think about it before you go and to be realistic about what you can achieve in a short trip.

5. QUESTIONS TO CONSIDER BEFORE PLANNING A SHORT-TERM VISIT

Why do you want to go short term?

- Should you be going long-term?
- Are you avoiding a bigger commitment by doing a short trip?
- Should you be using your funds to support someone who is currently working in that environment or to support the needs of that work?
- Are you investigating possibilities for the future?

Are you prepared for the challenge?

- Have you talked about your plans with your family and church? Will they support you with prayer and possibly finance?
- How will you cope with witnessing injustice, poverty, suffering and needs that you cannot meet?
- Who will you contact if you are struggling?

What do you know about the place you are planning to visit?

- Have you spoken to those who have visited before?
- Have you committed time to pray for that country/place?
- What are the main health issues?
- What healthcare and training is currently available from other organisations or the government? Will you be collaborating with them?
- What facilities and equipment will be available?
- Do you know the regulations regarding medical registration?
- What about the church? Is evangelism a sensitive issue?
- Is there a national Christian medical movement you could visit while there? You can find out from ICMDA, which connects national movements all over the world ¹³
- General facts about the country - climate/politics/language/culture/religion

Who has invited you?

- Has there been a clear invitation or is a trip being arranged because it's a good place to visit?
- Has the invitation come from a health professional? Short-term teams are often invited by local pastors or non-medical missionaries, who may not have the understanding and capacity to help plan an effective medical trip. If this is the case, can they connect you with a local medical professional?

What are the goals for the trip?

- Are there clear aims and objectives for the trip?
- Have the goals been planned with, or reviewed by, local health workers?
- How will they be evaluated?
- What are your personal goals for the trip? (eg exploring for the future)

Do you have the necessary skills?

- Do you know what you will be doing and what will be expected of you?
- Do you have the relevant skills to do it?
- Is there someone on the trip who has been before and has experience?
- Do you know what language will be used? Will you need a translator? Will this be an appropriate use of their time?
- Is there any literature or training material available? (in the local language if applicable)
- Do you need a qualification for the job? (eg postgraduate qualification for university teaching)

5. QUESTIONS TO CONSIDER BEFORE PLANNING A SHORT-TERM VISIT

What will happen after your visit?

- Does your visit connect with an on-going programme on the ground?
- Will you, or someone else, return in the future to build on this visit? Repeated visits to the same place can bear much fruit
- Will you leave any skills behind? Who will use them? Who will follow up those you have taught?
- How do you plan to evaluate your trip?
- How will you follow up what you have learnt?
- How will you continue to pray for and support that country, its needs and the local workers?
- If you are considering longer-term work in the future, who will you discuss this with and when?

Long-term impact is greatly increased for both the host and the visitor if plans have been made for evaluation and follow-up. Skills gained and lessons learnt will only be remembered if they are used and built on. Good intentions may not be fulfilled unless there is accountability to someone who will monitor progress.¹⁴

6. GUIDELINES FOR GOOD PRACTICE

- Be aware of and adhere to local laws and regulations
- Registration - get registered if it's required. You may be able to go on a tourist visa and work only as a trainer or advisor to your host, but check well in advance. It is wise to take GMC and degree certificates, either originals or certified copies
- Indemnity insurance - need for cover will depend on what you will be doing and what the host country and organisation require. Check in advance and contact your defence organisation if in doubt
- Donated drugs - ask what your hosts need before you go, and obey the law on imports and customs. Do not take expired or returned drugs and avoid things which are not in regular use in the host country. If possible, purchase drugs locally, which supports the economy and ensures appropriate drugs are used. See the WHO guidelines¹⁵ for further advice
- Follow national treatment protocols and guidelines if available
- Dispense drugs safely, with clear instructions given in the local language
- Use appropriate technology - do not bring new equipment unless you plan to train national health workers to use it, maintain it and then leave it for them
- Practise within the limits of your competence - beware 'having a go as I'm better than nothing'. Remember the foundational medical principle 'First do no harm'
- Any training you give should be at the request of your hosts and should be compatible with national training programmes/curricula
- Obtain patient consent for all procedures and photographs; check with your host what is culturally appropriate
- Use professional titles for the local health workers and dress smartly as a mark of respect
- Learn, respect and adhere to cultural and social norms at all times - eg greetings, clothes, alcohol

7. CONCLUSION

National health workers and long-term mission partners alike report that short-term medical visits can be a huge encouragement but they can also, if not carefully planned, create problems. Make every effort to ensure that you are a blessing and not a liability to those you visit. As you plan your trip, consider carefully the pros and cons of short-term work, and your motivations for undertaking it. Prepare yourself well so that you will be a help and not a hindrance, and so that you and those you visit will be enriched.

RESOURCES

CMF Resources

Elective Handbook

A guide for medical students planning and preparing for electives

Travelling Light

Daily Bible notes designed for an elective or short visit abroad

Working Abroad

A handbook for those thinking about working abroad

CMF website: www.cmf.org.uk

- Short-term opportunities and job vacancies are advertised on the international pages
- Join the STAT list to receive email alerts of new opportunities (Short Term, Able to Travel)
- Mission Directory containing:
 - List of organisations offering short-term opportunities
 - Details of sending organisations and Christian hospitals overseas
 - Information about support organisations and courses
 - List of national Christian medical movements around the world to enable you to connect with local Christian doctors when on a short-term visit

Further Resources

CULTURE:

All Nations Christian College: En route courses

Short courses in cross-cultural work - there are one-week and ten-week versions. They can also be done online
bit.ly/ZKxYf1

Foreign to Familiar: A Guide to Understanding Hot and Cold Climate Cultures

Sarah Lanier

A brief, accessible introduction to understanding cultural differences
USA: McDougal Publishing, 2000

Cross-cultural Servanthood

Duane Elmer

Valuable insights into working with people from other cultures
USA: InterVarsity Press, 2006

HEALTH:

Berlitz Travel Health Pocket Guide

Ted Lankester

User-friendly health guide for international travel
Berlitz, 2007
bit.ly/ZqgMZF

Interhealth

Travel health and supplies
www.interhealth.org.uk

MEDICAL COURSES:

CMF Developing Health Course

Two-week course preparing for medical work in resource-poor settings (attending for single days is also possible)

bit.ly/18KV2KZ

Diploma in Tropical Medicine and Hygiene

Three-month course at London School of Hygiene and Tropical Medicine and also at Liverpool School of Tropical Medicine

RedR

A variety of courses in humanitarian relief training and public health

www.redr.org

OPPORTUNITIES AND VACANCIES:

- *www.cmf.org.uk*
- *www.christianvocations.org*
- *www.oscar.org.uk*
- *Short-Term Service Directory* - available from Christian Vocations

TEACHING OPPORTUNITIES:

PRIME - Partners in International Medical Education

www.prime-international.org.uk

HOSPITAL PARTNERSHIP LINKS:

THET - Tropical Health and Education Trust

www.thet.org

RESOURCES

NATIONAL CHRISTIAN MEDICAL MOVEMENTS:

International Christian Medical and Dental Association (ICMDA)

- the umbrella body connecting national Christian medical movements in over 70 countries around the world

www.icmda.org

GOOD PRACTICE IN SHORT-TERM MISSION:

Best Practices in Global Health Missions

- Centre for Study of Health in Mission

A collection of guidelines and papers relating to short-term medical mission

bit.ly/1aZD2vB

When Healthcare Hurts: an Evidence Based Guide for Best Practices in Global Health Initiatives

Gregory D Seager

An analysis of Short-term Global Health Initiatives, examining good and bad practice

USA: Authorhouse, 2012

Short-Term Medical Missions: Enhancing or Eroding Health?

Laura Montgomery

A critical analysis of short-term teams

bit.ly/18KViJU

When Helping Hurts

Steve Corbett and Brian Fikkert

A challenging book about poverty alleviation and development, with an excellent chapter on short-term mission

Chicago: Moody Publishers, 2012

Lessons from the Sapling

Kurt Alan Ver Beek

A review of quantitative research on short-term missions, examining the impact on the participants

bit.ly/18Q2Bmc

Global Connections Code of Best Practice for Short-Term Mission

Guidelines for gap year / team trips, not necessarily medical

bit.ly/13CpsvR

Syzygy Mission Support

An organisation providing practical support for Christian missions, including a collection of short articles, guidelines and practical tips for short-term trips

www.syzygy.org.uk/guides/short-term

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4. Global health partnerships: the UK contribution to health in developing countries; bit.ly/17X5Mca
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SHORT-TERM MEDICAL WORK

Good practice guidelines for short visits
and mission teams

Short-term medical visits can be a valuable and inspiring learning experience for the visitor and can make a useful contribution to medical work overseas, but trips that have not been well-planned and thought-through can cause problems. This booklet will help doctors planning a short-term visit to think through the issues involved and avoid the pitfalls. It provides guidelines for good medical practice in low-income settings so that visitors are a help and not a hindrance, and can make the most of their visit.

