

## **When Going Overseas to Train (from a high to low income setting)**

This information may be very familiar to many of you but useful for less experienced international trainers.

It's good to reflect on a few fundamentals first. Your trip is about mutual learning. You are a visitor – going somewhere to learn about the way they work. You are also there to share knowledge and skills that you have acquired in your own setting and to discuss how useful or not these may be in the setting you are visiting.

Your role is *not* to conduct a Western-based needs assessment from which *you* will decide on the areas where change is *required*. This has to be a joint venture and any goals for input must be agreed by all parties. Beware that many overseas health and educational services follow a Western model. This is often inappropriate and so it's important to try and help people consider local factors and how to address these within this foreign model.

### **THINGS TO CONSIDER**

#### **1. How will you communicate with people if you do not speak a common language?**

- It may be obvious that someone to translate/interpret is necessary. It may not. If there is any doubt at all that people will understand you easily, always try to get someone to translate for you. It is often helpful for the same information to be presented twice in 2 different ways – even if it is only the key messages.
- Is there someone locally who speaks reasonable English and who can volunteer as a translator for a while? Maybe a university student or someone who has finished college and is waiting for a job? Someone who is known to the organisation or a member of staff where you will be based?

#### **2. What services are currently being offered in your partner organisation?**

- What services are being offering? What issues do they address? What methods do they use?
- Are there any people with the same job title/description as yours?
- Has anyone had any training from anyone with your skills in the past?
- Whose toes might you be treading on by being there?

### **3. What are people's expectations of you? What can / should you hope to offer?**

- Are you being asked to provide a direct clinical service? What is the long-term value of this?
- What will you do if you are asked to provide some direct work to an influential person?

### **4. In what way will you have to change/adapt in terms of the advice and training you give, so that it is relevant to the setting...and sustainable. What are the most important messages you want to leave behind?**

### **5. How will you evaluate your input? (Short-term / mid-term / long-term)**

### **6. How can you lay the ground for future trainers?**

## **HOW YOU MIGHT WORK MOST EFFECTIVELY**

- Identify KEY STAFF who show potential /interest and focus on them if possible.
- Focus on helping staff to see their own strengths and to EMPOWER them in their work. Ask THEM to teach YOU, rather than always the other way round.
- Focus on the more functional aspects of your work (rather than an impairment approach). Focus your training on teaching people how to adapt the environment (physical and people) to facilitate skills and promote access to learning and life for people with disabilities.
- Find out about the local level of LITERACY & DRAWING STYLE: What is the literacy rate and what style of drawings are people used to. This will inform how you design your materials.
- PLAY: Go to the local market to see what toys are on sale. Observe to see who plays with children (adults, older siblings etc), what they play with and the type of activity.
- Use lots of MODELLING: types of play, parent-child interaction, total communication, conversation partner work, demonstrating appropriate positioning on yourself or a child with a disability, showing how to facilitate movement on a trainee etc. Find out other training methods that are locally preferred / effective eg. use of theatre/role-play
- Find out about the local services (special centres / schools etc) so that you can help people think about how to make the most of the services that already exist, through referring on etc. and thereby STRENGTHENING EXISTING LOCAL NETWORKS.

## **WHAT YOU MIGHT HOPE TO ACHIEVE**

- To have gained knowledge about the local attitudes, needs and resources for people with disabilities and in your area of expertise.

- To have had an enriching cultural exchange with the people you have come into contact with.
- To have broadened your own perspective and approaches within your work, and to be more aware of the impact of people's cultures & environments on how you work with them.
- To have enhanced your problem-solving, communication and training skills.
- To have acted as a catalyst for change.
- To have left something behind that is useful and sustainable.
- To have set up a relationship with a future.
- To have enjoyed yourself (without disrespecting local custom!)

## **POTENTIAL PITFALLS**

- You provide a service that cannot be continued when you leave.
- People do not fully understand the training you have given them and apply it inappropriately.
- You tread on people's toes – having failed to recognise local skill and they never want volunteers again.
- You cause a stir and upset people through a lack of understanding of the local culture, and the dynamics of the service you are working within.
- You reinforce the colonial model of West is best!
- Worrying and being frightened of offending, and then not offering anything.

## **BEFORE YOU GO**

### **Foreign Office Advice**

- Go to the British Foreign Office website ([www.fco.gov.uk](http://www.fco.gov.uk)) to obtain independent and current information on the things to be aware of and the risks associated with visiting the country and region that you will be visiting. MAITS will ask you to sign a form stating that you have read this information, are aware of the issues and risks and are willing to be responsible for your own safety while on the visit.

### **Visas**

- See the Embassy website relevant to the country that you are visiting.

### **Insurance**

- Ensure you have comprehensive travel insurance which covers medical emergencies and repatriation.
- Make sure you are insured to carry out voluntary work. (See information on professional indemnity below).

### **Vaccinations**

- As soon as you are informed that you are going on a visit and the location of this visit, make an appointment at your GP surgery with the nurse responsible for giving travel advice and jabs. Follow this advice and use your own previous travel experiences to inform the decisions that you make so that you are satisfied that you have adequate cover against disease and illness for the area that you are visit.

### **Learn about cultural practices**

- It is really important to know how to behave respectfully in the country you travel to. This includes behavioural customs (eg. taking your shoes off when you enter a building, not eating food from your right hand), as well as wearing appropriate clothing.

### **Keeping records at home**

- Make sure you have your emails and telephone numbers backed up. Make a photocopy of your passport, travel and insurance documents, take a copy with you and leave a copy with someone at home.

### **Banking**

- Warn your bank before you go overseas so that they do not put a block on money being withdrawn from unexpected places. ATMs are widely available in the main cities of many developing countries. Travellers' cheques and American dollars may be useful. Separate your cards and cash out into different purse/bags/pockets, so that if some go missing you will have others to use.

### **What to take**

- If possible: Laptop (plus laptop security lead and surge protector plug), camera and video recorder (or smart phone), basic mobile phone that will take a local SIM card.
- You might also want to take photos that will help you share something about your life / work here.
- The usual: Torch, water bottle, plug adaptor, earplugs, scissors, penknife, sunglasses, money belt, locks, universal sink plug, nail brush, appropriate clothing, footwear and towel.
- Medicines: Mosquito repellent (take plenty to last your stay), electric mosquito repellent machine (optional) / net (if necessary), after bite cream, diarrhoea tablets/antibiotics (often also available locally), rehydration mix e.g. Dioralyte (sometimes available locally and very cheaply), disinfectant hand gel, sore throat sweets (good ones are often not available). For female travelers, consider what female hygiene products you need to take to last the trip.

ALWAYS drink bottled water when you are away. You will complete a MAITS risk assessment which will give guidance on other issues of health/safety.

### **WHILST AWAY**

Here are some ideas on minimizing risks to health and safety:

#### **General**

- Register with your Embassy on arrival.
- Carry details of who should be contacted in the case of an emergency.

#### **Travel**

- Check and follow up to date foreign office travel advice both to and around the country.
- Arrange transfer to and from the airport, and to and from your workplace, with the organisation who is hosting you.

- Choose the most robust form of transport possible eg. a taxi over a rickshaw. You might want to avoid intercity bus rides, and use trains or planes where possible.
- Organise any leisure trips with a reputable travel company.
- Use seat belt where provided and avoid sitting in the front of a vehicle where possible. Fish seat belts out of from behind the back seat if they have got stuck there.
- Avoid travelling at night.

### **Health**

- Ensure you drink bottled water only and that you have a supply of rehydration sachets with you at all times.
- Ensure you have details of a GP and a hospital you would choose, in case of need.
- Seek medical advice if needed.
- Make sure you take any antimalarials as prescribed.

### **Theft**

- Keep your belongings locked away at all times – even if it is just in a locked suitcase.
- Don't wear valuables.
- Don't carry large sums of cash and only carry what you need in terms of banking cards etc. Carry a photocopy of your passport and leave your passport locked up in a safe if possible.
- Keep purses/wallets close to you and wear bags across the body, not over the shoulder.
- Avoid travelling after dark.
- Take the safest forms of transport.

## **Personal Liability Insurance for UK professionals**

Comprehensive cover when working abroad is not widely available. Below are some examples of international practice clauses from the personal liability insurance made available by some professional regulatory bodies.

MAITS urges that you review your insurance policy, seek advice from your professional regulatory body and bear the limitations in mind when conducting practical demonstrations in your training. You may wish to consider, for example demonstrating action on a colleague rather than directly on a patient.

### **RCSLT Personal Liability Insurance**

The RCSLT policy covers work in the UK and the Republic of Ireland only. They advise individuals to seek additional insurance when working elsewhere.

### **CSP Professional Liability Insurance**

The CSP policy permits Members to work within the scope of practice elsewhere in the world for periods not exceeding 180 days in any 12 month period.

*N.B. No cover is offered for work carried out in the Australia, Canada or the USA.*

### **BAOT Malpractice and Public Liability Insurance**

Whilst the policy is worldwide, excluding the USA and Canada, this insurance only responds to claims first made, or suits filed, in the United Kingdom or the European Union & Australia and will pay damages awarded by courts of these countries.

### **HCPC**

All health and care professionals who are registered with the Health and Care Professions Council (HCPC) are required to adhere to our standards whether practicing in the United Kingdom or temporarily working abroad as a member of the UK International Emergency Trauma Register (UKIETR). The HCPC sets standards of proficiency, i.e. the threshold level skills, knowledge and understanding required for entry to each of the professions we regulate, as well as standards of conduct, performance and ethics for all of our registrants.

We require our registrants to adhere to our standards and to only work within their scope of practice. We define 'scope of practice' as the area in which a registrant has the relevant skills, knowledge and experience in order to be able to practice safely, lawfully and effectively. However we do not prescribe the scope of practice for each profession as we are aware that an individual registrant's scope of practice is likely to change over the course of their careers as they develop new skills and specialise in different areas of practice.