

The St. Jerome's Centre

In September 2014, The St Jerome's Centre, in Nakuru Kenya, was voted MedSoc charity of the year. David Barkwill, Year 3 MBBS, recounts his involvement...

I am one of the six trustees of The St Jerome's Centre and my story begins in 2010 when I first went to Kenya, volunteering during my gap year. Whilst I was out there I met a group of like-minded students who were beginning to fundraise and plan a new orphanage. This was because the local children's home they were working at was being forced to close. We stayed in touch, continued to work on the project together and eventually managed to open the centre in January 2011. On opening we took in 4 children from the previous orphanage (the rest had been re-homed by the local council) and 4 children from a street child rehabilitation centre that I had previously been working at.

Since then we have been out every year and the project has gradually expanded. We now have 25 children and employ 7 members of staff. During the past few years we have had a considerable amount of problems from the local school that owned the land that our building was on, which resulted in a robbery and a delay in receiving water and electricity along with many other threats.

However, in 2013 we were approached by a charitable architectural organisation, Orkid Studios, that offered to build us a new home on the condition that we bought our own plot of land by August 2013. After a lot of hard work and fundraising we managed to raise enough money for the land and the building began in June this year. The new home was completed in early September and since then we have taken on 7 children and 1 new member of staff!



Our Goal

There are thousands of children within Nakuru that are in need of our help.

Due to the high levels of poverty within the area there are huge problems with drugs, alcohol and HIV. This leads to children either being brought up in extremely unsafe environments or being orphaned and having to live with family members that are unable to care for them (normally elderly grandparents) or being forced onto the streets.

Read more overleaf...

In This Issue... David Barkwill, MedSoc, NMRFC, Poetry, Suzy Parker and more.

Edited By Ryan Laurence Love.



As the Kenyan government does not have the financial resources or infrastructure to support this huge number of children there is a crisis developing with more and more children growing up within 'street culture'. The aftermath of the 2007 post-election violence, which displaced over 600,000 people, has only exacerbated the problem. The St Jerome's Centre is dedicated to changing the lives of these orphans and vulnerable children with our main objective being:

The provision of shelter, food, education, medical care, guardianship and security to orphaned/needful children and adolescents.

We rely purely on the generous donations and sponsorships of others. All of us trustees are either currently studying or recently graduated and therefore we do not have the money ourselves to input into the project. As previously stated there is a huge number of orphaned and vulnerable children within Nakuru and the only limiting factor preventing us reaching our capacity of 40 children is financial support.

How has MedSoc helped us?

The money MedSoc has fundraised has given us the financial security to begin looking at setting up an outreach project for street children. We currently have three ex-street children at the home, however due to previous issues and the lack of properly qualified staff we have not taken on any more in the past few years. This has been a real



goal for us as we all have had personal experiences working with street children in the past. For our first step we are going to employ a teacher to work part time with street children at the rehabilitation centre I used to volunteer at then in the evenings help to tutor our children at the centre. We will then look into funding our staff to go on the appropriate courses to help them manage and council children coming from a 'street' background.

Our monthly sponsorship covers all of our everyday expenses and staff salaries, however every now and then unexpected costs arise. At the end of last year Rose, our only HIV positive child, became very ill. The money raised by MedSoc meant that she could quickly receive the appropriate medical care she needed, without us having to try and find money from elsewhere or ask for further donations from our sponsors. We really cannot explain how grateful we are to MedSoc and everyone who has been involved in the fundraising. The money goes directly to Kenya and is making a huge impact.

The Future

At the beginning of January one of our trustees (Gemma) flew out to Kenya and is currently in the process of moving Simon, our second oldest boy, into secondary education. We have also managed to secure a number of new sponsorships in recent months and therefore Gemma is trying to get more children into the home, with our goal to have 30 children by the summer. As well as this she will also be beginning to lay the foundations for the street child outreach program I discussed above, so 2015 is set to be a very exciting year!!!



How much does it cost to sponsor a child?

It costs £45 per month to sponsor a child, this covers everything, including all of their food, accommodation and education fees. However, sponsors can donate anywhere from £1.50 per month upwards.

If anyone is interested in fundraising, sponsorship or just wants more information please contact me on the email address below.

David Barkwill

www.stjermescentre.org.uk

david.barkwill@stjermescentre.org.uk



MRAG Week - 26th to 30th January



Raise and Give....

With Christmas over and winter well and truly amongst us, it is all too tempting to retreat under the duvet and go into hibernation this January. However fear not; the charity fairies are here to clear away any January blues with our RAG Refreshers week 2015. Between the 26th - 30th January 2015 we will be hosting a week of fun and fundraising, with all proceeds going to the African Orphanage we are supporting this year the St Jerome's Centre.

Monday evening will bring you an information evening about this year's Jailbreak Competition. Teams of students have to get as far away from the UEA campus in 24 hours without spending any money at all. In a true test of Ingenuity, powers of flirtation and down-right

luck previous contestants have travelled to Prague, Holland and the South of France without spending a penny. Come along on Monday to find out what jailbreak is all about. Even if you've got no interest, come along and grab some free food.

On Tuesday the Beach Party hits Norfolk, and we will be selling tickets for the most exclusive venue in Norwich...the LCR. Grab that pair of Lola Lo's sunglasses and ticket and you're ready for the beach, who needs Hawaii? A pound from every ticket sold goes straight to the St Jerome's Centre, so get yours!

The legendary "Med's got Talent" competition will take place on Thursday. The talented students amongst us perform, whilst the rest of us watch and our judges, including the Legendary Dr Grunstein, decide the winner. Med's got Talent is a fantastic opportunity to discover some hidden talent outside the medical curriculum, and is a fun filled evening for the rest of us. If you have a talent and would like to perform please email r.mayne@uea.ac.uk /mirali.patel@uea.ac.uk to get involved.

Wednesday will feature another night out, but this time on the Prince of Wales strip. Finally we will finish the week off with a sophisticated cheese and wine night... well it'll start that way anyway...

More details about the week will be announced soon, so keep an eye out through the facebook event and around campus.

Jailbreak 2015 - Watch this Space

JAILBREAK IS COMING.

Prepare yourselves for the greatest adventure of your life so far! Jailbreak is a competition in which participating teams compete to get as far away from UEA campus as possible within 24 hours. This year it will take place on the 28th February - 1st March. Come along to an information evening on the 26th January to find out more...and fill yourself up on free refreshments.

Memoirs of 2 of last years competitors Jim Runacres and Harriet Tuite-Dalton

It was 22nd February and we arrived just before 9am, a time previously unseen by most students on a

Saturday, our bags stuffed full of sandwiches, energy drinks, chocolate and 1kg worth of salted peanuts (that one I blame on Jim!). We were hyped up on a mixture of excitement, naive optimism and competitive smugness because we were surely going to win this thing!

At 9am on the dot we bid our fellow competitors a quick and maybe slightly insincere good luck before sprinting in the direction of the hospital. Needless to say the pace didn't last long but we were still in good spirits by the time we reached the main road. Armed with our trusty whiteboard (a staple for anyone attempting Jailbreak in the future) we began our first crack at hitchhiking.

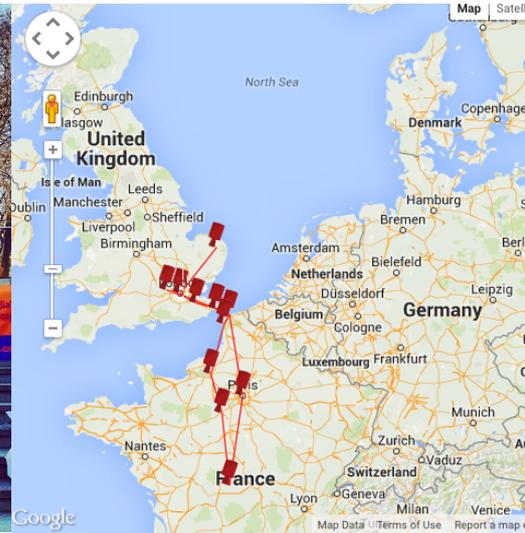
Read more on the next page....

About half an hour later we had traversed all the way past Cringleford and, after a bit of dodgeball with the cars on the dual carriageway, we hit on the bright idea of trying to grab a lift at the petrol station. Following some commando-style fence climbing we made it into the station and... it was closed!

Wondering what our next move was – short of walking all the way to Thetford – we were stunned when a car pulled up and we were taken to a service station on the A11 near Cambridge. It was at this station that we both realised how bad we were with rejection (perhaps something we should have thought of before starting) and began to feel slightly that we might smell as people literally walked into flower displays to avoid coming near us. Having said that a lot of people were friendly and asked what we were up to and gave us money for the charity, which we gratefully received. One huge, tough looking bald guy literally laughed at us as he walked into the service station shop which only injured our pride further. However moments later he came out and asked us if we would rather some money for the bucket or a lift. The lift was always going to win.

That's how we ended up in a car with an ex-commando who told us 'if we tried anything he'd deck us' which I think was a bit of an overkill considering he was at least 4 times as wide as Jim and at least twice my height. He took us all the way to London, somewhere in Barking. If I have any advice for future Jailbreakers it is: don't end up in Barking. After lots of failed attempts at getting onto public transport and a toilet trip in a dodgy pub, we hitched a lift with a local guy who managed to smoke, text and eat all at the same time as driving (an impressive if slightly terrifying feat) who talked to us about reggae and offered to smuggle us to Amsterdam next week. Unfortunately we had to decline.

He passed us on to a lovely couple with their three year old son who fed us endless chocolate, Pepparamis and Ribena while we watched Bug's Life. They took us all the way to Maidstone where we waited a



couple of hours and were giving up hope of ever getting out of the UK when a little German lady asked us, confusedly, what we were trying to do. We explained we were trying to get on a ferry and she offered to take us with her and her husband to Calais – if they could take us on the ferry without paying extra for us.

We reached Dover and entered the terminal. At this point I was completely freaking out as I thought we might be arrested for trying to sneak out of the country illegally – to which Jim pointed out they tended to try and stop people coming into the country rather than leaving. As the sun set, the couple handed us the newspaper and we read to the sounds of Classic FM.

Now we could celebrate! We had made it out of the country! My brother wouldn't disown me for not getting further than England. We managed to hitch a lift to a service station near Calais, where we arrived, tired and cold, at around 9 in the evening - time to crack out the Haribos. During the hour or so we stayed at this dark, deserted petrol station we realised quite how poor our French was and also how few truck drivers in France actually spoke French or English! They mostly seemed to be Polish.

Thankfully we finally managed to explain our plight to a small, friendly Polish man called Lucas who laughed at us for a while (this seemed to be a running theme) and then offered us a lift. From there we went on a 6 hour journey through the back lanes of France, ploughing

through tiny rustic villages and vast dark fields. Lucas eventually dropped us at yet another service station in Aigurande, or the "World's Berry Province" as the sign claimed. And so began our longest stop of the journey. Hours upon hours of no other human contact passed us bar the shop assistant who just looked at the wall without moving as one George Michael song played on repeat. After nearly 24 hours with no sleep we were definitely fading and despite a couple of last ditch attempts to get to Spain before the 9am deadline we unfortunately didn't make it any further.

In the end we did not win – massive congratulations to Antonia and Zoe for getting so far – but we did have a brilliant time and raised over 400 pounds for the EACH charity. We even managed to fit in free trip to Paris on the way back during which Jim got mistaken for a Frenchman at least 3 times, we ate ASDA sausage rolls in front of the Eiffel tower and even found the Sacre Coeur without a map. The journey back involved a lovely Polish man who lived in Spain with his family and worked in England. He gave us beers and took us back to the UK. After over 48hrs of travelling we returned to Norwich only for Jim to find he had left his keys at home. He almost fell asleep with his hand in the letterbox before he was rescued by his housemates.

Written by Harriet Tuite-Dalton and Jim Runacres

Medics Run the Norwich Half Marathon

On Sunday the 23rd of November a group of runners set out into the unknown. This years Norwich Half Marathon was different. The course had changed and the heavens had opened. But this did not deter the group of runners.

Taking their positions on the start line already soaked through to the bone the runners eagerly listen out for the starting pistol. Setting out on their journey through the fields of the Norfolk countryside on a two-lap, 13.1mile course. Tackling the course took not only physical but also mental strength, especially to overcome the newly added hill. But the runners held in their minds that this was all for an amazing cause as well as that once finished warmth awaited them. Overall the training paid off with each runner finishing in style achieving fantastic times.

Each runner also set out to raise money for this year's the St Jerome's Centre, reaching and exceeding the target, to overall raise £1,150.60.

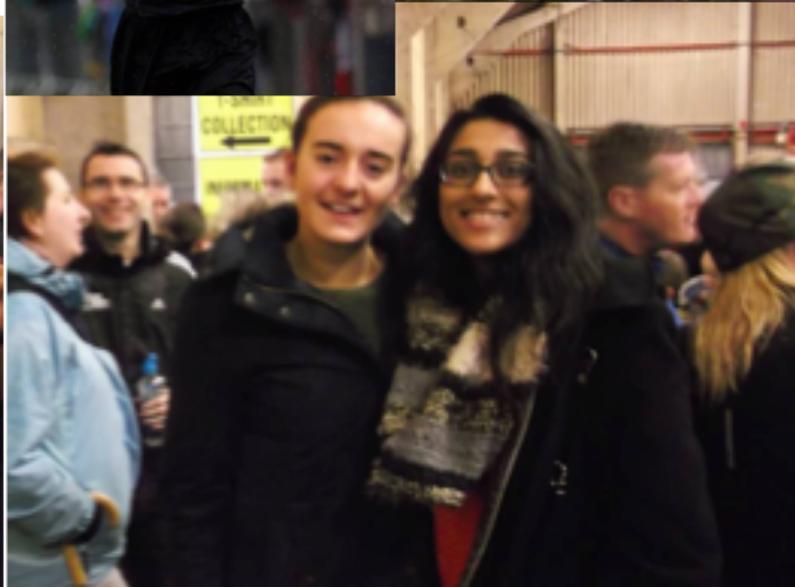
The fundraising page will remain open till the end of January so please if possible donate: <https://mydonate.bt.com/teams/medsochalf>

Thank you to Mirali Patel and Rachel Mayne for being amazing charity reps and providing lots of support. And thank you to the runners:

Charlotte Thompson (1:50), Jonathan Pyatt (1:47), Jake Melhuish (1:40), Sarah Hickman (1:53), Sadian Choudhury (2:17), Raisa Ramjan (2:18), Rahul Mehta (2:15).

If you are already thinking about entering next years run, entry opened on the 1st of January: <http://cityofnorwichhalfmarathon.com>

Sarah Hickman, Year 3



Poetry

In this issue of The Murmur we are honoured to include the wonderful poetry of two medical students who wish to remain anonymous.

We hope their endeavours inspire creativity amongst all readers.

The Scavenge

Tides of green and blue,
Smashing into an alabaster island,
Erupting with red lava.

The herd gathers,
Grunting and hissing,
Scavenging over open wounds.

Metal claws tear at exposed skin,
Sweeping past raw flesh,
Searching for death and decay.

Tentacles probe and explore,
Navigating dark tunnels,
Hesitating at every fork.

Crude tools hum sweetly,
Gnawing on porous rock,
Mining for untold treasures.

The scavengers are done,
Ending suddenly yet subtly,
Awaiting the next quarry.

Anon #1

IO

I moved to a new house last week.
No one likes moving, relocating,
Such an ordeal, so stressful,
Packing then unpacking, just generally so
aggravating.

There is one part I love though,
Kind of a guilty pleasure,
And that is poking around in the garage, in all
the leftover stuff,
For the previous Tenants' treasure.

In fact, this day last week
In the back corner, I did stumble
Upon a heavy cardboard box
Labelled – "Broken Jumble"

Easily excited, eternally optimistic,
I set my new mission,
Up flew the dust,
As I shifted position.

Inside this box, an old monitor and keyboard,
But underneath, a mighty beast,
The Treasure(?) uncovered, but what did it do?
What was its purpose? It's function? Now
ceased

This archaic equipment,
With love, could still perform
Eventually I got it to load and boot up,
Just two programs – "System" and "Reform".

"Input" and "Output", in goes one to produce the
other,
"System" was simple, seemed effective,
With better hardware it would probably run
faster,
But, as it stood, by no means defective

Now, "Reform"...
Very odd, convoluted, confusing
It was more recent than "System", with many
versions
Yet to me, it's purpose, eluding

But run both at once and all became clear,
Processing power was challenged and split,
See it's really quite simple, "Reform" was not
working,
And trying to bring "System" down, with it.

All in all this brings us nicely,
To the end of my tale,
Not a case of "ain't broke so don't fix it",
But "Reform" is destined to fail

Anon #2

Psychological therapies - Truth or BS?

What is Mindfulness? Can't tell your CAT from DBT? Is it all a load of rubbish?

In films and books when someone sees a 'therapist' they are generally doctors, and they meet them regularly, talking about their lives, starting from early childhood experiences on a couch or a bed of some description, before they get a revelation. This is BS, and does not happen. It would be very rare for a psychiatrist or any doctor to conduct therapy themselves. Neither psychiatrists or therapists have beds or couches. Therapists are psychologists, people who have done highly competitive Clinical Psychology doctoral degrees. CBT is a bit different, and can be done by people who have completed various different courses. Counselling is different again, and is generally done by people with life experience who have trained in person centred counselling at universities. It is generally not well paid and many counsellors work for free until they are established.

Also, people don't tend to have a sudden transformation and are miraculously better. Therapy is about trying to basically re-program parts of the mind/brain that are causing a person harm. Getting a different way of seeing things or training in a new way of thinking are more realistic goals. There are dozens of different types of therapy, so I'm just going to include a few common or well-known ones. In order to introduce the different types I am going to give a scenario, so that I can demonstrate what the approach of each type of therapy might be. So imagine a person in their early twenties with anxiety and vomiting before having to deliver presentations.

*The therapy
What might the therapist say?
How it is supposed to work*

*BS or not BS?
Where can I get it?*

Cognitive Behavioural Therapy (CBT)

'Write down your thoughts and what you do before you deliver a presentation'

Well this theory combines two theories. The theory that the way we think decides our feelings and the theory that our behaviours decide our feelings. The aim is to identify specific thoughts and behaviours contributing to the anxiety and then replace them with different thoughts and behaviours.

Not BS. This is the one therapy that NICE and the NHS LOVE! Its used from mental health, to pain management, to cardiac or pulmonary rehabilitation and has a strong evidence base across the board.

This is the type of therapy you get through the local wellbeing service, self-refer or through your GP for mild-moderate anxiety or depression. Google 'wellbeing norfolk' for the local one. Or try the 'Overcoming' series of books for self-help.

Counselling- Person centred therapy

'So you feel anxious before presentations, and it sounds like this is very difficult for you.'

This is your classic talking based therapy that you see in films. It has some underlying principles, but basically the person is considered the authority on their troubles, the counsellor is basically there to just listen and reflect things, not to offer up their own solutions and strategies. The person may or may not have a mental health problem.

Not BS, but not treatment either- This is transformational for many people, but it isn't an evidence based treatment for anything, and doesn't follow a specific structure.

You can get a free course at the UEA (approximately 8 weeks) if you are a student. Otherwise you generally have to pay. Google 'BACP.'

Mindfulness

They wouldn't say anything because they don't exist, its more likely to be heard from a therapist including it as part of their approach, or as a Buddhist quote 'Our true home is the present moment. If we really live in the moment, our worries and hardships will disappear and we will discover life with all its miracles. Real life can only be found and touched in the here and now'

By using our senses, paying attention to the present moment rather than the past or future, and accepting what is experienced in the moment, people feel more peaceful and it is argued, live a more fulfilled life. Practices can include mindful breathing, or being mindful of an object held in your hand.

Not BS. Getting good results in RCTs. Also the Buddhists have been happily doing it for thousands of years. Can be good for wellbeing for anyone, with or without a mental health problem.

Your best bet is apps (such as Breathe or Mindfulness) or a self-help book. It isn't generally offered in the NHS by itself, but people with moderate-severe mental illnesses might be offered a therapy that incorporates the approach.

Psychodynamic/psychoanalytic therapy

‘Perhaps your anxiety about presentations stems from an unconscious desire to have sex with your mother and your fear of ability to perform’

Broadly speaking this is therapy that looks at unconscious drives influencing feelings. It came from Freud’s theory which was basically all about sex. This is a caricature, but the idea is that the infant can’t tell where he ends and mother begins. As infant gets older, it doesn’t want unity with the mother to end. The father is a threat to this because he has union with the mother. This leaves in males a repressed desire to have sex with their mother and to kill their father. This the famous Oedipus complex. The equivalent for females is the Electra Complex.

BS. In my opinion it shows more about Freud’s own issues, rather than anyone else’s.

Nowhere, no-one really believes in it, at least not in its original sense. There are some more modern variants available but not generally popular.

Interpersonal therapy

‘Perhaps your low self-esteem and anxiety about your relationship with your boyfriend is affecting your functioning’

It examines relationships in the person’s life and puts difficulties down to problems with ineffective relationships. There ends up being a vicious circle with difficulties in relationships causing anxiety and depression, and then anxiety and depression impacting on the relationships. Therapy aims to break that cycle.

This is the only therapy other than CBT that NICE seems to be a big fan of

However, it doesn’t seem to be available in many areas as yet

Group therapy

‘So this week we are talking about...’

Group therapy is where a couple of psychologists run a course over several weeks to a group of people referred in. It can be illness specific eg about bipolar disorder, recognising signs etc. Or it can be therapy focused eg teaching mindfulness.

Tends to get reasonably good results, and cheaper than getting all of those individuals individual therapy.

People with moderate/severe illness under the community psych team are likely to be offered this before individual therapy.

There are many more types of talking therapy, and subtypes (eg CAT is a variant of CBT), and what I’ve given are just caricatures. Dialectical behavioural therapy (DBT) for personality disorder and **C o m p a s s i o n f o c u s e d** therapy (CFT), the promising new kid on the block (and my personal fave) are also worth looking up. Be aware its difficult for patients to be able to access all these therapies, there are many gatekeepers and although more money is being pledged to make them more available (IAPT), its still difficult.

Dismiss them out of hand at your own peril - many of them have a good evidence base and are highly valued by patients for their potential power to transform.



Standard counselling setup: note lack of couch
www.therapyroomswestlondon.co.uk/

Suzy Parker

Institutional Hubris

There has been a landmark court case developing this week. For the first time in the history of the United Kingdom's justice system, a doctor is being prosecuted for the crime of female genital mutilation (FGM).

At the risk of regurgitating that idiosyncratic politician speak; I make no apologies for how strongly I feel about this situation. FGM is an abominable act of torture, a marriage of ignorance and fundamentalism, with the sole purpose of accentuating subjugation in the grossest sense. It is barbarically performed under a guise of devotion.

Unfortunately this is an excuse that resonates beyond this one heinous process; the recent massacre in Nigeria by Boko Haram, and the Charlie Hebdo killings in Paris provide a searing reiteration of the perseverance in this method of justifying atrocity.

FGM is illegal in the UK in all forms, as is arranging for it to be done in another country. Yet there are an estimated 66,000 sufferers in the UK alone, and this number increases every year.

In reality there are probably many more, given its prevalence in vulnerable populations. FGM has been roundly neglected by the establishment.

This prosecution, the very first of its kind, is by no means a formality; the jury must listen carefully and assess this multifaceted situation involving the victim being re-stitched, re-mutilated, after giving birth, to gauge whether the doctor's

actions were naive, incompetent or malicious. Or all three.

I recently spoke with a GP who currently practices in East London, he shared my concerns and told me of his own experiences. He regularly sees victims of FGM, presenting with, frequently as a direct result of their abuse; UTI's, miscarriages, incontinence, and agonising chronic pain. He said in his practice he was conflicted; desperate to care for and treat his patients, but cautious of acting or speaking in any way which may deter them from visiting again. To rock the boat, may be to capsize and lose them forever. He said the worst guilt he lived with, was of the knowledge that these women had their own daughters, and he knew nothing of their own risk.

Whenever I speak to anyone about the topic of FGM, the common thought is revulsion; at the thought of it, at the absolute disregard for female autonomy, and the consternation that a practice like this can even be considered, let alone performed by medical professionals.

Yet FGM is not the only way in which women have been medically mutilated under a pretence, or a sham justification. Between the 1940's and 1980's, doctors in Ireland had an equally brutal way of 'treating' their women. Symphysiotomy, a process whereby the cartilage of the pubis symphysis is lacerated, to allow for easier passage of a baby through the pelvis, was regularly performed as an

alternative to caesarean section, which at the time was frowned upon by the Catholic church.

A practice abandoned in mainland Europe in the 19th century, used only in emergencies was revived. One woman recalls her ordeal, being surrounded by medical students as they watched her cut open, paralysed by immobility and deprived of her child.

Of the 1500 plus women who were subjected to this horrendous ordeal, often without any consent at all, less than 400 have subsequently been able to claim any compensation. Many have been left permanently disabled.

These procedures, endemic of institutional malice for the female, have been knowingly ignored, their consequences not countenanced. Whilst symphysiotomy in these circumstances, is thankfully now rare, FGM is not.

I have huge sympathy for those doctors who do face these challenging patients; engrained tradition is a difficult thing to oppose, especially when a doctor-patient relationship is in the balance. Our future jobs will inevitably lead us into situations of discomfort and ethical standstill, yet one must always be aware of hubris; unfortunately, skepticism still exists about the extent of both of these practices and its impact on their victims. This is a cruel reminder of the attitudes which perpetuate these crimes.

Ryan Love

NMRFC Mid Season Update

The first half of NMRFC's season must be viewed as a success. Both men's teams are pushing for titles in their respective leagues and the ladies team are playing games and improving every time.

Recruitment was a real success with many new players coming in and impressing in all 3 teams both on and off the pitch, but that's not to say that recruitment is done, Joe Pang as a prime example of someone who joined half way through the season, and anyone who still wishes to play do come down, we meet at MED at 1800 on a Wednesday.

There have been a couple of firsts for the club as well matches against Cambridge Uni for the men and women, and our trip to Twickenham for England vs Samoa, both hugely enjoyable occasions. For the men especially there was a lot of trepidation at the start of the season with a huge number of players leaving and a new league structure, but both fears have been

waylaid as the league has become more competitive with tougher, more enjoyable matches. As we go into the second half of the season, as always there's room for improvement, but just like the great Wasps teams of the early to mid noughties, the late season surge is about to start as our lack of pre-season is neglected and we continue to gel and know what lines to hit off each player, whilst keeping up with our immense defence.

So in the imperious Welsh tone of Jack Dobbs, we have a special performance in us, once that happens no teams in our leagues will be able to stop us.

(Well at least that's what we think he said)

Sam Brabazon, Year 4

ADVERTISEMENT:

Funding Your Elective Placement the Easy Way

It's no secret that taking your elective placement abroad can be costly. Many of those keen to get overseas experience aren't able to gather the funds for a number of reasons. But if you're committed to your cause and really want to gain insight into diverse medical practices in the developing world, there are plenty of ways to raise money.

Turn your attention to bursaries, grants and awards. You'll want to start exploring your options as early as possible. As soon as you know when your elective period is, start gathering information. Leaving it too late will put other people ahead of you and reduce chances of success dramatically.

There are hundreds of funding bodies who want to help pay for your placement. Finding them all is the hard part. A quick Google search will turn up some interesting results, but here at Work the World we regularly update a huge list of grants, awards and bursaries. If you want a free copy of our list, get in touch with us at info@worktheworld.com or call 01273 974 634.

Application criteria vary from grant to grant, bursary to bursary. There will be similarities, but conduct research into each individual process where you can. All funding bodies will ask for the reasoning behind your choice to undertake an overseas elective, some will ask you to conduct work to support your application. Others will ask you to do project work while you're away - it's a mixed bag.

To make your application stand out you need to provide a clear rationale of why you want to gain experience overseas. Doing background reading around both the funding body itself and the country you're applying to go to is advisable.

That you know what you're talking about will come across in all steps of the application process and will impress. If you're being asked to do work while you're away, prepare a comprehensive, but clear plan of action for when you're on the ground in country.

You need to work out exactly how much to apply for if the grant or bursary isn't a fixed amount, as some are. If organising your elective placement yourself this will be considerably more difficult, as you'll have to itemise each and every cost.

If you're booking through an overseas elective planning organisation such as Work the World however, food, accommodation, airport pick up, hospital fees, a fully tailored and supervised placement and more are included in our prices.

You'll need to factor in extra money for flights, socialisation, sightseeing and travelling at weekends. We can provide you with up to date costs of all of these things if you can't find the info online.

As there's no limit to the number of grants, awards and bursaries you can apply for, apply for as many as you have time for to give yourself the best possible chance of success.

Work the World will be presenting at the electives event at the University of East Anglia on 9th March, so be sure to come along to hear about what we do, ask any questions you have and enter our competition to win a free overseas elective placement.

Joe Jamieson

Communications Manager, Work the World