

ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

As part of the first half of my elective, I chose to spend some time in a private hospital in Nicosia which specialises in the field of cardiology and cardiothoracic surgery. This is a field that I am very interested in and have explored already during my intercalation and SSC. I was eager to get an insight in the very dynamic field of interventional cardiology in the country I grew up and may practise in the future. During this placement, I observed how health provision occurs in the island and contrast that to the UK, as well as gain a bit of insight with respect to the common cardiological presentation in this country.

According to the data published in April 2011 Coronary Heart Disease Deaths in Cyprus reached 24% of total deaths ranking Cyprus number 141 worldwide. Coronary heart disease is the first cause of death in Cyprus with, hypertension and stroke also included in the top ten of the list. This reflects the cardiovascular presentations in the hospitals, with the majority of patients suffering from angina, MIs or ischaemic heart disease. The Cypriot population has overall a number of cardiovascular risk factors. Around 30% of the population is smoking (males 41%, females 18%), obesity is 25.5% and hypertension is also prevalent at around 26%. The majority of the consultations I attended in this elective were addressing smoking cessation and exercise as a first line treatment. However in contrast to the UK there are no widespread national campaigns with free smoking cessation therapy provided. What is more, it seems like the Cypriot patients are reluctant in addressing lifestyle risk factors at least as primary prevention.

In a similar fashion, coronary heart disease in the UK is the first cause of death responsibly for 20% of the total number ranking the country in the 155th place in the world. The private setting, however, was very different from the Newham University hospital setting in East London I experienced as a medical student. In East London there was a diverse, multicultural and often deprived population. Therefore, the cardiac presentations seen were often of an infective cause such as IBE or Rheumatic heart complications as well as MIs. Newham hospital was not a tertiary cardiac center and therefore I did not have the opportunity to observe the acute management of MIs. On the other hand my SSC placement in London chest was very similar to this elective in the aspect that both hospitals were PCI centers for the management of acute MIs and ischaemic heart disease. The American Medical Institute is a large clinical center in the capital of Cyprus providing services across the range of medical specialties but mostly providing specialist cardiological medical and surgical specialist services. The major presentations I witnessed were heart failure, IHD and valvular heart diseases. The standard of care is very high. Cardiologist consultants come from a variety of backgrounds, trained and practised in European countries as well as the States and often following the European cardiology society guidelines. The culture in the hospital as well as the practise I witnessed was therefore very similar to the one I trained in the UK.

The healthcare in Cyprus has a lot of similarities and differences as well to the NHS. The Cyprus healthcare system is divided into public and private sector. Both state-funded and private hospitals can be found in all of Cyprus's major cities. Public healthcare is either inexpensive or free for citizens of the EU. Public healthcare in Cyprus is administered by the Ministry of Health and financed by taxes. Public healthcare provides partly free medical coverage depending on the individual's status (their employment or past employment, family status and income level). Based on these criteria patients are divided in respective categories consisting of people who receive treatment free of charge, those who pay reduced fees and those who pay fully. Access to the public healthcare is free for everyone but a government charge is applied if you do not meet the criteria for the medical card (€15 for a visit to a gp and €30 for a visit to a specialist). For A&E services, everyone has to pay a €10 fee. This is paid at the hospital upon arrival. Worth noting is that the primary care based on the GP system is almost absent and patients can directly book an appointment to the specialist consultant who also manages their chronic conditions. Alternatively primary care is partially covered by health centres in the community or patients can be seen by hospital based general physicians and referred to the specialists thereafter. The use of the public health sector has increased in the last few years due to the economic crisis on the island. In the private hospital, patients can be treated and pay either directly or most often using a medical insurance coverage.

Overall, this elective in Cyprus was an enjoyable experience. There are a lot of similarities with the UK hospital setting and therefore I did not have any significant difficulties. I attended the daily ward rounds in the CCU and cardiac ward. I was able to follow the notes of the patients as everything was done in a similar format and also written in the English language. Worth noting is that the wards are mainly staffed by consultants and nurses. There are no medical students present, no registrars, no FY1s and FY2s. I was surprised that a lot of the administrative work and some of the practical skills such as cannulations, traditionally done by the house officers in the UK, are done by nurses here. Whereas I had the opportunity to follow the ward round and examine a few patients I did not have the opportunity to do any practical procedures relevant to the FY1 post. I was also surprised by the fact that the wards were very well staffed with both nurses and doctors and all the patients were daily seen by consultants, very often by more than one consultant daily. Contrast to the UK, it seemed like a more enjoyable environment to work in and a more satisfying one.

One of the difficulties I experienced during this placement was getting familiar with the Greek medical terminology. Even though Greek is my native language, it was still difficult to communicate in the appropriate language and also took some time to develop a style in taking histories from patients. Interaction with patients was different, there is a different culture and often different patient expectations. Relatives are always present in the wards and matters such as confidentiality issues are sometimes not as straight forward to deal with as in the UK.

I was satisfied that in contrast to the cardiological placements I had so far in the UK, I was able to attend many cath labs where the consultants were explaining the procedures and discussed the management decisions in the context of the patient history and examination. I observed specialist investigations such as TOEs where I was explained the basics of echo. This prompted me to start reading on how to interpret echos, in my spare time. Overall I felt my goals for this elective were achieved.