

ELECTIVE (SSC5b) REPORT (1200 words)

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

I was very grateful for the opportunity to work within the Obstetrics and Gynaecology department at Newham General Hospital. I had previously spent four weeks there during my 4th year Obs & Gynae rotation and found it both an exciting, interactive placement and a great learning experience. I decided to organise my elective there to gain further experience of women's health in medicine and learn how such a department differs from other medical wards.

**1) To improve knowledge and clinical expertise in common conditions encountered in gynaecology, and develop knowledge and techniques in the prevention, diagnosis and treatment these conditions.
2) To further improve knowledge of problems related to early pregnancy, fertility problems and menstrual related problems.**

During my elective I observed a diverse variety of gynaecological conditions. There was a combination of young and middle aged patients presenting as first time, with new symptoms prior to any problems previously and patients with more long term management and control of long term conditions. While the majority of conditions presenting at Newham General hospital did not differ from the rest of the UK, there were some notable conditions which were more common, owing to the population demographics presenting to the hospital. As Newham general is situated in the heart of east London, there is a ethnically diverse population, in particular a large proportion of South-East Asian, Afro-Caribbean and Jewish patients presenting to the gynaecological department compared to other parts of the UK. Thus, certain medical problems associated with these demographics were more prevalent at Newham General Hospital. During my time at the hospital, I saw that among South Asians, diabetes and its relation to pregnancy and child birth were in areas of concern in particular. Furthermore amongst the Afro-Caribbean population, fibroids seemed to be a common presenting complaint with particular issues related to menstruation and fertility problems. During my time at the hospital, I saw at least 5 patients with fibroids each affected in a different way and each being managed differently. During medical school, we are taught about the different treatments but I was very fortunate to see patients with all differing management plans and could fully appreciate how conditions can differ in real life compared to in the text books.

Whilst being on my elective, another interesting denominator that particularly stood out across all patients that attended the department was the psychological aspect of care related to the patients. By witnessing the doctor patient relationship first hand, I was able to witness how the way a doctor approaches the patient has an effect on how the patient not only responds there and then but also how they adhere to future advice and how their overall health can be effected. What I mean by this is when I witnessed doctors being nice friendly but also assertive, the patient had a better relationship with the doctor and was more likely to adhere to their advice and in the long term they saw the benefits in terms of both their physical, psychological and emotional wellbeing. By being able to speak to patients myself I was also able to elicit when such care was not so good and thus lead to unnecessary worry, anxiety and poorer outcome overall. Patients who experienced this also felt they had lost faith in their previous doctor and were less inclined to follow through with their management plans. The most valuable part of these experiences was the fact that it further reiterated to me that a patient is a human being at the

end of the day and should be treated as such, in a holistic manner taking into account other aspects of life that may be contributing to their condition.

3) To focus on the topical issue of medical tourism and explore both the negative and positive effects it has had on the city of London.

Medical tourism is a controversial issue and in my opinion is entirely individualistic in terms of how one views it. What I mean by this is that, whilst being on my elective patient I was not only able to witness it first-hand but also had the opportunity to ask the opinions of both patients and healthcare workers alike. What was interesting to note, was that depending on where in the social class ladder you stood and one's financial status, contributed greatly to how one views medical tourism. Those from more disadvantaged backgrounds and or from lower socio-economic backgrounds were more likely to agree with the concept of medical tourism and generally have a more positive outlook with regards to it. However those from the middle to upper class or those from socio-economic backgrounds deemed medical tourism in a more negative light. Interestingly when discussing the issue more in-depth, and explaining the fact UK patients also travel to other countries for health care such as dental work and eye care for cheaper prices, more and more people were inclined to accept medical tourism on a whole has a generally positive effect. Some of the negative effects of medical tourism that were argued, were the fact that as the NHS is free, a lot of tourists do travel for free care, which in 2015 was found allegedly to cost up to £200 million. Furthermore a fraction of that cost was estimated to be spent on ineligible patients and such is a negative aspect of medical tourism.

Another negative is the environmental impact that medical tourism can have. For infrastructural growth to occur, the natural greenery is sometimes compromised to accommodate for more buildings, roads and other facilities. The main positive aspect of medical tourism is that all patients, rich or poor are able to get treatment they require and are not penalised if they cannot afford such treatment. In my opinion I think this is a very good aspect of the healthcare system in the UK as there is no financial constraint on an individual. Furthermore it is funded via taxes and this is a fair way to ensure everyone who has a means of contributing i.e. has a job and is earning above a set amount is effectively contributing their part to the NHS in a fair and just way. Furthermore, positive impacts can be applied to society in that medical tourism can help mould society, by providing affordable healthcare and providing more employment opportunities and infrastructural benefits. Pharmaceutical companies also prosper when certain treatments are in higher demand.

4) To be able to develop attitudes of remaining calm in difficult and highly stressful situations and to develop portfolio with a relevant secondary care based clinical audit. Additionally to improve proficiency in communication and practical skills where ever possible in preparation for FY1.

I believe being within the busy setting of the gynaecological department of Newham hospital has helped me to acclimatise a little bit to how work as a junior doctor will be. Most staff were aware I was a final year medical student, who had just finished my exams and was on the cusp of starting work as a doctor soon, and thus allowed me to get really stuck in and involved. I was able to speak to patients in a clinical setting as well as carry out practical procedures that I was both confident with and also procedures I was not too familiar with. I was able to practise my skills, get assistance when I was not as confident with certain tasks and become better in terms of speed, accuracy, proficiency and prioritisation of tasks over the six weeks. I feel as though my experiences will be invaluable during my foundation years