

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

The pattern of diseases I have experienced in Kingston have had some very interesting similarities, as well as some surprising differences to those I have experienced in the UK. Chronic, non-communicable diseases, including asthma, stroke, ischaemic heart disease and type 2 diabetes, clearly weigh a heavy burden on the Jamaican health system, which is similar to the UK. Like in the UK, obesity rates are climbing in Jamaica, meaning that this burden is likely to increase over time. However, some key differences include increased rates of trauma and violence-related injuries. Over my 4 weeks, I have seen two gunshot victims, numerous stabbings, and multiple patients (including children and elderly women) with blunt trauma e.g. from bamboo, a pipe, or a rock. It struck me that even things like family disputes and friendly arguments can escalate into violence among some populations in Kingston, which I saw less commonly in the UK. Furthermore, I have been very surprised at the number of patients with acute psychosis or established schizophrenia who attend the A&E department. On some days, I looked around the department and it seemed that almost 1/3 of all patients were restrained due to boistrous behaviour. This seemed to be much more than I witnessed in the UK. However, I am unsure what the reason for this is, and it may be due to patients with psychosis in the UK attending a different service and therefore not being seen in A&E. It has crossed my mind whether increased usage of marijuana in Jamaica may have lead to some of this psychosis. However, I am aware that this is a disputed issue and may not be a cause. Finally, sickle cell disease is common among this population, and so I have seen many presentations, including acute chest syndrome, vaso-occlusive crisis, symptomatic anaemia, hepatic sequestration, priapism, and most sadly, a young male patient presented with acute confusion and signs of acute chest syndrome, and he arrested and died. This was my first time I have ever seen a young, previously well patient die. I was involved in delivering CPR on him. I found this experience very sad and difficult.

I have learnt a lot about the health service in Jamaica, and how it differs to that of the UK. UWI hospital is not a free service, and therefore each patient that attends has to pay to be registered, and then has to pay for any subsequent tests/management needed. Patients are then given a bill and asked to pay this back. I believe this must be somewhat subsidised however, as patients' bills do not tend to be as large as I would expect if they receive surgery or expensive tests. This is therefore a semi-public service, and lots or regular citizens attend UWI. This differs to some other hospitals, e.g. Kingston Public Hospital, where the service is completely free, and therefore is apparently even more overstretched and under-resourced. Similarly, there are smaller hospitals which are completely private, which from what I understand are very expensive. Many people who can afford it have some form of health insurance, which can pay out if there is a health-related catastrophe. This is very different to the UK, where the entire health service is free, and therefore no matter your income/savings, anybody is entitled to expensive treatments. In Jamaica, there are three main categories of hospital. Type A hospitals (e.g. UHWI) are large, multi-disciplinary hospitals with relatively high-tech resources and provisions; type B hospitals are middle-sized hospitals with numerous services; and type C hospitals tend to be small, quite basic, and do not take severely sick patients. Working at a type A hospital, I have been quite positively surprised at how well equipped it is. Most of the expensive investigations are available, e.g. MRI, angiography etc. Also, UHWI has many surgical specialities, and therefore can accommodate complex patients. I have noticed some interesting differences however. The A&E department looks as though it was built to only take around 10 patients at any one time, however, each

bay has been divided into two, meaning that it accommodate over 20 patients. Therefore there is limited space to move around each patient, and it can often be a challenge navigating around the bed and any equipment attached. Also, it appears that while many of the big technologies are present, many small things which are taken for granted in British hospitals are not available in UHWI. For example, when using the ultrasound machine for a sterile procedure, there are no sterile probe covers, and therefore a sterile glove has to be used, which can be unwieldy and awkward to use. Also, there are no pre-heparinised syringes, so you must heparinise them yourself before conducting some bloods. This is interesting, as in a way this makes things a bit more awkward, but in another way, I feel that it makes you more proficient in understanding the equipment, as you must learn to use more intuition and experience to make do with what you have.

I have learnt a lot about the social/cultural differences and similarities between Jamaica and the UK. In my first few days, I felt a bit overwhelmed, and very fresh-faced. However, as I found my feet, I became more at home when talking to patients. I have found that at times it is easier if you speak a small bit of Patois, as I think my English accent is difficult to understand by some patients. I have learnt that Jamaicans tend to be relatively straight-talking, which to some people from England, could be mistaken for rudeness. However, I have learnt that this is not the case, and in many ways this leads to a better way of communicating. Kingston is a busy, hectic, vibrant place, and I have hugely enjoyed navigating route taxis and local buses on a daily basis to and from central Kingston, and trying to feel as much like a local as possible. Staff at the hospital are welcoming and friendly, and have given me lots of clerking/examining/procedures to do. I would like to give special mention to Dr Mio Johnson, who has been very generous with her time and energy, and has made my time absolutely fantastic.

Overall, my experience has been fantastic, and I am so glad I organised my placement in Jamaica. Speaking to friends of mine doing other electives, it sounds like I have been given more responsibility and experience. I have loved every minute, and hope I can come back and work for some time in Kingston.