

ELECTIVE (SSC5b) REPORT (1200 words)

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

Pre-Hospital and Emergency Medicine on the Water

OBJECTIVE 1

The pattern of disease in Antigua differs greatly from the UK. When we were based in the medic station, the most common complaints we faced were minor injuries such as lacerations and burns, as well as infections such as UTIs or otitis media, which is similar to a minor injuries clinic or a GP practice in the UK. However, another aspect of complaints we faced were tropical complaints such as necrosing insect bites, poisonous trees, and poisonous aquatic wildlife such as lion fish or jellyfish. As such we had to be briefed on the treatments for these conditions, which are not typically seen in the UK. The other aspect of our elective was marine search and rescue. I haven't previously encountered this side of medicine in the UK before and as such as a completely new experience. Each call out was for a multitude of different reasons, such as minor traumas to cardiac arrests. As we completed our elective in the Caribbean, we also encountered severe blistering sun burn on a regular occasion, which again is far less frequent in the UK. More chronic conditions, which as a whole are well managed in the UK, did not have adequate provisions in Antigua, such as diabetic management or hypertension, and as such complications from these are more prevalent.

OBJECTIVE 2:

The Antigua and Barbuda Search and Rescue is a local prehospital service that works on both land and sea. They are free at the point of contact, work solely on donations and is run by volunteers giving their time to help. They are well known throughout the island and their phone number is easily accessible to the community. As such, they are called out often before the local emergency services, as they are often quicker to respond. They often work in combination with the local emergency medical services to provide the best care. The local emergency services are based in St John's, which is located on the west side of the island, and as such cannot respond as quickly to some emergencies on the east side (Which is where ABSAR is located). This means it could take them 40 minutes to arrive on the scene of an incident at times, which contrasts greatly with the UK who's target times are much lower.

OBJECTIVE 3:

ABSAR has a huge impact on both the local community and those visiting. They are situated in English Harbour, which is a main harbor for many sailors entering Antigua. They are the first point of call for most people on the east side of the island, or those who don't have access to transport that live locally. The service is free at the point of access, which is beneficial for low income households who could not afford to use the local private medical services. As they are run purely on donations, they rely heavily on charitable people and fundraisers in order to keep the service afloat. The service is also run by volunteers, who give their time in order to help the local community, and vary from ship captains to paramedics, all inputting their knowledge to work best as a team. As it is run by volunteers, they have to tailor their service depending on the number of volunteers that are about at the time e.g. having two rescue boats out at sea during the regattas, compared to having one boat on standby during the off season.

They also face great physical challenges as they provide marine rescue. One call we received was to a collision between two boats out at sea, and the information we gained over the radio was that there was a major spinal injury. Once we arrived on scene, we had to transfer from the rescue boat in a 3m swell, as well as transport over the backboard and all the medical equipment. It was testing as we had to battle the elements and remained balanced while providing the best medical care possible

OBJECTIVE 4:

This was a fantastic chance to improve my clinical skills, especially minor trauma, for example lacerations requiring multiple stitches, and many dressing changes for rope burns. This was also an incredible experience to practice my clinical skills in very different setting, such as inserting a cannula pulling into harbor, or inserting an iGel on open seas. I also had the opportunity to be greatly involved in a CPR call out with a fellow medical student. Unfortunately, the outcome was not what we hoped for, but it was an important and invaluable experience to be involved and partially lead a cardiac arrest.

I was fortunate enough to deal with a huge variety of people in this community. These ranged from local residents, to regular holidaymakers, to international sailors. As such, it was important to consider each person's ideas and expectations and tailor to each individual. I feel my communication skills developed greatly as I had the chance to meet so many new people in all different situations.