

ELECTIVE (SSC5b) REPORT (1200 words)

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

I have thoroughly enjoyed my time at Manipal Hospital in Nepal, and am glad to have met all the wonderful helpful people during my time there. I hope to return one day. Despite the agitation (Strike) that started early in my placement I have learn't a lot about Nepalise health system, people and culture. This was the first developing country I had worked/studied in and there was therefore a huge difference from London NHS hospitals. It was very interesting to gain insight into rural medicine and apply my medical knowledge into my experiences.

Because of the agitation the emergency department was a beter pace than the peadiatric department for learning. When spending time within the emergency department, I found similarities in the common conditions seen in East London during my time as medical student. This is due to hospitals in East London cover a wide range of areas particularly populated within the asian communities. The most common unhealthy body habitus seen in Nepal was central obesity, and it came to no surprise to see a high rate of diabetic complications and cardiovascular complications presenting in the emergency department. There was also a noticable number of accident related trauma and poisoning cases in the department. I had never seen a suspected electric shock until coming to pokhara. Food has a large part to play in Nepali culture. When briefly analysing the food available, I noticed that the use of sweetners as an alternative to sugar in Nepal was rare to find and carbohydrate foods such as naan and rice as well as sugary deserts were very common in Pokhara. Every patient in the emergency department had their observations checked and blood sugar checked, and a large number of patients had raised sugar levels with long-term complications of diabetes. Other common presentations were strokes and myocardial infarctions. Another point is, I was surprised to learn how commonly HIV was tested for, the culture in Nepal identifies a lot of stigma towards HIV testing due to family structures. Private consultations in the emergency department was difficult as bays are very open and consultations are often carried out with multiple patients in the room in OPD. Given that Nepal went through a devastating earthquake in 2015, I can see how such an incident would have an impact on medical services in a mountainous country where outreach healthcare was a progressive challenge. There are no working trains in the country. Access to healthcare is one of the bggest obstacles to maternal and newborn care in the country.

Having spent a significant amount of time in the emergency department, I got to understand prehospital care, speak to doctors locally and discuss cases. There are no free ambulance services and many patients arrive to the hospital using vans that have been turned into ambulances or via friends/family/work colleagues. I decided to focus more time within the emergency department including evenings. I felt I could learn more as a doctor this way. I spent several days in the arrival hall and reception in order to understand the prehospital situation and develop a proforma for research aims. My research did not materialise unfortunately. On reflection, if I was given further research support by any members of the FONAS charity then I could have carried out further research, however looking back I am happy with the experiences I have had and the patients/doctors I have met. The FONAS team work very hard with their work I would love to go back one day and do work with them considering that I have a good understanding of how things work in a city in Nepal now. I have met my objectives regarding my desire to understand emergency care in Pokhara. I have learn't about the diversity in ethnicities, including of the multiple Tibetan refugee camps in Pokhara and I have seen the living conditions and living locations

of people in and around Pokhara. Another personal objective was to see how people lived with health conditions. I probably will never forget the case of Neurocysticercosis in a 14-year old girl presenting with seizures.

Manipal is a private hospital. Coming from a UK healthcare service where healthcare is free for all, I immediately noticed the impact the system has on patients and available medical support. I recall instances where patients struggled to pay for care themselves and families stepped in to pay. I can only imagine situations whereby patients would be unable to pay for serious life-threatening conditions. Note taking and observations etc were only different in style but fundamentally the wards ran in a similar way to the UK. There were substantially more nurses and less doctors on duty than compared to the UK. Room facilities were less advanced and available, such as hot/cold water and curtains for patient privacy. The emergency department was markedly different to A&E departments in the UK. Resources were poor in comparison. Training however was very good from what I had observed, as the doctors and nurses were incredibly experienced and knowledgeable, with good medical practice. I did not get to practice as many skills as I'd hoped to. There were always many interns in the department and I was often last in the queue to perform practical procedures last to understand situations.

I luckily had the opportunity to look at CT/MRI scans that patients had and gained experience in interpreting these imaging modalities. I felt that this experience helped me be part of the team. I will remember for a long time the 22-year old who had a traumatic vehicle accident. Presenting with facial wounds, the ophthalmology team had determined that he would most likely be left blind in both eyes. Me and the interns were very disheartened by this. I assisted in applying sterile dressing whilst the patient was unconscious. There were also several occasions where I had to assist in restraining patients who had no capacity. I remember learning a lot about identifying neurocysticercosis on a CT scan image from a 14-year old girl who had presented with LOC and repeated seizures. I also learned significantly about the impact perinatal asphyxia has on newborn care in the country, accounting for up to 30% of all neonatal deaths. There were many newborns that were brought into A&E. I was very sad upon learning of the difficulties that families endure under such difficult circumstances in the country.

On a personal level, the main thing I have learned is to find the balance between being pro-active and allowing other people to take opportunities. Unfortunately there are people who will always try to take opportunities and not be so considerate of others. I have become better at finding a balance between taking opportunities ahead of others and knowing when opportunities would benefit others more than myself and then letting others take those opportunities. This has mainly related to practical procedures.

I wish to thank the Doctor's (consultants and Interns) and reception security staff for allowing me to do a hospital rotation here.