ELECTIVE (SSC5a) REPORT (1200 words)

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

For part of my elective I spent 3-weeks in the A&E department at Scarborough General Hospital, Tobago. Tobago which is much smaller compared to its neighbour Trinidad, has an estimated population of 60,000 (Trinidad and Tobago Central Statistical Office, 2011). The health of the nation is served by a combination of private and public healthcare facilities. Public healthcare, much like in the UK, is free at the point of access to citizens of Trinidad and Tobago and is government-funded. The public healthcare system in Trinidad and Tobago is formed of several major hospitals delivering secondary care, as well as district health facilities (or health clinics) providing primary care.
In Tobago, Scarborough General Hospital is the main public hospital serving the population.
Despite this, and the fact of Tobago being a relatively high-income country, I noticed that compared to the tertiary centres and district general hospitals that I have been placed at in the UK, Scarborough General Hospital still has relatively limited available resources. One case that highlighted this to me was a patient who came in with signs and symptoms of cauda equina syndrome. In the UK, the NICE guidelines highlight that any patient with suspected cauda equina syndrome should have an urgent referral to spinal surgery services and and/or an MRI (NICE, 2022). However, due to the lack of access to spinal surgery services and MRI in Tobago, any patient presenting to Scarborough General Hospital with suspected cauda equina syndrome is required to be transferred to Trinidad for imaging. While the flight time to Trinidad is less than an hour, the associated logistics and cost of the transfer can make the decision whether escalation is warranted a more difficult decision compared to in the UK when the process of getting an MRI for a patient only requires a call to radiology and a walk down the corridor. This is just one example, but highlights how with more limited resources there is a greater need to preserve resources and therefore a greater need to critically consider whether investigations or treatments are clinically justified.

In terms of the range of patient presentations that I observed during my elective, there was some variation to what I have observed when placed in A&E in the UK. As mentioned earlier, primary care in Tobago is provisioned through health clinics, however from speaking to patients it appears that it is often difficult to access these services due to long waits, especially in the aftermath of COVID-19. This leaves patients with the option of either seeking private healthcare, which can be expensive, or as I have observed on several occasions, attending A&E with the hope of a referral to a publicly funded outpatient clinic. The result of this is that presentations that in the UK are typically managed by the GP, are seen in A&E in Tobago. For example, painful haemorrhoids, per-vaginal bleeding, chronic back pain. There were however a lot of patient presentations that are also commonly seen in the UK, such as minor injuries, acute abdominal pain and chest pain.
Another difference I noted in the provision of healthcare is that in Tobago follow-up appointments following A&E attendances are carried out in A&E, with patients returning to A&E 5-7 days after their initial presentation for a review. This is in contrast to in the UK, where the A&E doctor on discharge will write to the patient's GP who will make a follow-up appointment with the patient if necessary. In most of the cases that I observed, I feel like the review could have been managed in primary care as the majority of the reviews consisted of a repeated examination of the patient with or without a referral to outpatient services. While this is very doable in the UK, it is possible that maybe the same primary care services are not in place in Tobago which is why they do these follow-up appointments in A&E.

One thing I observed with regards to patient health beliefs, is that in Tobago patients view health through more of a holistic approach compared to patients in the UK. I noticed several patients during my elective who proactively attempted dietary changes in an attempt to resolve their health issue before they consulted a doctor. For example, I met one patient who started to experience palpitations who decided to trial drinking beetroot juice (which is considered in alternative healthcare practices to be good for heart health) for two weeks before raising the issue with any healthcare professional (Coyle & Link, 2021). A caveat to this is a patient I saw with abdominal pain who decided to seek help from a herbalist before seeking medical treatment. While alternative medicine practices are not harmful in the sense of the "treatment" being delivered, they may cause harm by delaying patients from seeking appropriate medical treatment. Fortunately, this was not the case for either of the patients mentioned above. I think alternative medicine cannot be dismissed as it seems to be important culturally and the alternative treatments are often handed down through generations. Furthermore, I think patients can feel more empowered through the use of more simple remedies to their health problems, however I do think that it is important that alternative

medicine is practiced alongside traditional medicine and not instead of it.

In regards to my own personal development and learning, one of the greatest lessons that I have learnt whilst on my elective is how to formulate a refined management plan based on the patient's clinical presentation. In the UK when I carried out my A&E block I observed that it was common practice for each patient entering A&E to receive an ECG and basic bloods including a FBC, U&Es and LFTS, almost regardless of their presentation. However, in Scarborough General Hospital I noticed doctors being more selective of the investigations that they were ordering. From speaking to the doctors, this appears to be due a combination of needing to preserve more limited resources and also as to not overwhelm the lab. As a result, from clerking patients and formulating a management plan (under the supervision of the doctors) I learnt how to better critically evaluate which investigations were necessary and which investigations would importantly change patient management. On reflection, this makes practices in the UK seem less patient-focused and more wasteful. By being more selective of investigations and only ordering those which will change management, not only would a lot of time and money be saved but also patients would be subjected to fewer unnecessary investigations which could potentially pick up incidental findings leading to further investigations and more use of resources.

References:

Coyle D., Link R.. 2021. 9 Impressive Health Benefits of Beets. Healthline [online]. Available at: https://www.healthline.com/nutrition/benefits-of-beets [Accessed: 16th May 2022].

NICE, 2022. Sciatica (lumbar radiculopathy): Management. NICE Clinical Knowledge Summaries [online]. Available at: https://cks.nice.org.uk/topics/sciatica-lumbar-radiculopathy/management/management/ [Accessed: 17th May 2022].

Trinidad and Tobago Central Statistical Office, 2011. Trinidad and Tobago 2011 Population and Housing Census: Demographic Report (pdf).