

## **ELECTIVE (SSC5a) REPORT (1200 words)**

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

This elective report is based on my Sexual Health and HIV placement at the Ambrose King Centre. Prior to the placement, I had four objectives that I wanted to cover, and this placement has allowed me to focus on these learning points.

### **Objective no.1:**

The first objective is to gain an understanding of the various presentations of sexually transmitted infections and HIV, and how to manage them appropriately. During this placement, I attended a range of clinics that had patients with various sexually transmitted infections, e.g., face to face integrated clinics, pre-exposure prophylaxis for HIV clinics, LARC, etc.

The face-to-face integrated clinic was extremely useful for me in terms of addressing this objective. The doctor carried out a thorough sexual history from the patient, explained the results, and gave treatment accordingly e.g., a male came in with yellow urethral/penile discharge, dysuria, and absence of skin changes around the genitalia. The test results demonstrated positive for gonorrhoea, moreover the patient was given an IM injection of ceftriaxone on his thigh. It was interesting to see how the patient was treated immediately at the clinic, followed by blood tests for blood borne viruses and immunisations for Hep A, Hep B and HPV. It was very evident to me how this was an integrated clinic as all aspects of the patient's care was addressed i.e., treatment for infection, further investigations, and immunisations.

I had the opportunity to perform venepuncture, and over the week, I felt more confident with taking bloods, and have a clear structure/order in my mind.

I also attended the HIV ward rounds at the Royal London Hospital where the team discussed a variety of patients. There were patients with a whole array of co-morbidities, and it was interesting to see how their HIV treatment was optimized. There was a particular patient that had HIV-associated toxoplasmosis encephalitis, and I had the opportunity to see the brain MRI, which demonstrated the multiple ring lesions – the consultant guided me through the MRI, and it reinforced how HIV-associated complications can manifest in various organs – HIV is a condition that can be managed appropriately if intervention (anti-retroviral therapy) is started as soon as possible, and compliance is maintained.

### **Objective no.2:**

The second objective was to improve sexual history-taking skills and ability to build a good rapport with patients. During my fourth year of medical school, I did practice sexual history-taking in preparation for my exams, and I have always found it quite a daunting experience asking personal questions. During the PREP clinic, the doctor gave me opportunities to take histories for new and follow-up patients – by the end of the clinic, I did feel more confident asking questions about HIV risk factors. It really helped watching the doctor communicate with the patients comfortably and it inspired me to follow the style of questions asked; furthermore, this allowed me to develop a good rapport with the patients and I felt that they were able to answer the questions appropriately and comfortably.

Understanding PREP was also helpful and communicating this to patients was a useful learning experience. PREP stands for pre-exposure prophylaxis against HIV and comes in an oral formulation to protect patients from getting HIV. Depending on the type of intercourse the patient engages in, they can be given PREP as daily dosing or event-based dosing. Explaining this to patients was a good clinical experience for me as I had to ensure that the patients understood the information clearly – one tip the doctor told me was to ask the patients to repeat the information about dosing, and this makes sure that the patient understand how to safely take the medication and provide themselves with adequate protection against HIV.

### **Objective no.3:**

The third objective is to understand the impact of stigmatization of sexually transmitted infections on individuals of different backgrounds, and how that could ultimately affect their physical and mental health.

A few years ago, I volunteered at a HIV clinic in Chennai, South India. The main language spoken in this place is Tamil. This placement opened my eyes to the stigmatization of sexually transmitted infections. Most patients that came to this HIV clinic came from different parts of India, and the doctors were able to converse in different languages and helped to manage their condition; there were hardly any patients that spoke in Tamil. When I discussed this with the team, they mentioned that patients travelled to different parts of the country to seek treatment to avoid being found at a clinic closer to their home thereby avoiding judgement. This made me feel upset as these patients need to go through the hassle of making a long journey and be worried about judgement to get their life-saving treatment; this can ultimately affect the patient's mental and physical health further worsening their symptoms and prognosis. Sexually transmitted infections can be managed adequately if patients engage with the healthcare team and comply with management, however, stigmatization can create a barrier for patients to obtain the treatment they require.

During this elective, I came across some patients who briefly touched on stigmatization of getting treatment in their home country, and they praised the clinic for being attentive and conscientious to their health needs.

I truly appreciate the language service at the sexual health clinic – some of the patients could not converse in English, and this service allowed them to understand the symptoms, diagnosis, investigations, and treatment, and allows the development of a good rapport between the patient and the healthcare team. I was talking to a patient who mentioned that they really appreciated the language service because they feel like they were able to elaborate on their health concerns and receive the treatment that they need.

### **Objective no. 4:**

The fourth objective is to increase my confidence talking to patients and feel more comfortable asking sexual health questions. As mentioned previously, the team at the clinic have been incredible welcoming and supportive, and provided me with opportunities to practice my clinical skills and history-taking. They also provided me with teaching during the clinic, which I found immensely beneficial.

These skills can certainly be put into practice for my career, and this placement has exceeded my expectations and fulfilled my learning objectives.

Having not had a sexual health placement during Year 4 of medical school, this elective allowed me to consolidate my revision, and enhance my clinical understanding and experience. This placement was ideal for my learning, and there were a whole array of clinics to gain experience and knowledge from. I would definitely recommend this elective to other students with an active interest in this specialty.