

ELECTIVE (SSC5a) REPORT (1200 words)

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

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In general, there were many similarities between the common presenting complaints to paediatric A&E between Homerton, London and Trujillo. Many patients presented with viral respiratory illnesses requiring conservative management only and this was also the case in London. The second most common presenting complaint was abdominal pain which once again was a very common presenting complaint in paediatric A&E in Homerton. Despite these similarities, there were also some key differences. During my time in paediatric A&E, I didn't see one child who had been admitted due to an exacerbation of a chronic condition, whereas this was fairly common in London. I also did not see any patients presenting with acute presentations of mental illnesses.

In addition to these, many patients presented to A&E with dengue fever, a mosquito borne disease that causes fever alongside other symptoms such as rash, abdominal pain, vomiting and diarrhoea. The dengue virus affects platelets, which in severe cases can lead to haemorrhage. The majority of patients who contract dengue are not seriously unwell, but those with 'severe warning signs' are admitted to hospital. There is no definitive treatment for dengue fever so management is conservative, with intensive fluid hydration being the mainstay of treatment. Previously dengue fever was not common in Trujillo, however a recent period of intense rainfall has caused increases in the number of mosquitos in the areas and hence an increase in mosquito-borne disease. As dengue fever is a tropical disease, this is not a common presenting complaint in London, highlighting another of the key differences between London and Trujillo.

When comparing the services and delivery of emergency healthcare in Trujillo and London, there are many differences. In both cities, patients attending the emergency department are initially seen in triage. In the UK, this consists of a rapid assessment by a nurse who then determines the urgency of the case. Patients will then wait to be seen by a doctor before being discharged. In Trujillo, triage is run by a doctor who quickly assesses the patient and will often discharge them straight from triage with any necessary prescriptions without being assessed by another healthcare professional.

If paediatric patients in Trujillo required more than just a simple prescription, they were admitted to the paediatric emergency department. This was a specific area in the paediatric emergency department with 10 beds, similar to a ward. Patients would be treated here for a few days and then discharged home without being admitted specifically to a paediatric ward. This was somewhat similar to an observation area that I have seen previously in the UK, but it admitted all patients from the emergency department rather than those just requiring observation. In Homerton, they did not have an area like this in their emergency department – any children requiring more care were admitted straight to the paediatric ward.

Another notable difference between Trujillo and Homerton was that in Trujillo every child admitted to the emergency department had at least one intravenous line. In Homerton, they try to minimise the number of children who have IV lines, reserving them for the most unwell patients who cannot tolerate oral medication or need medication that can only be provided intravenously. In Trujillo, every patient was receiving IV fluids even though they could tolerate oral fluids. This left me wondering whether there was a tendency to over-treat patients in the paediatric emergency department in Trujillo.

In Peru, there are three main types of healthcare; Minsa, EsSalud and Private and each are accessed via health insurance. Minsa services provide national healthcare and is accessed by a health insurance programme that is available to all Peruvians. For this reason, Minsa provides healthcare for the poorest citizens of Peru. It is used by approximately 60% of the population. For those who are employed (alongside their families), health insurance is provided by EsSalud. This insurance is funded mainly by employers. EsSalud services are provided in specific EsSalud hospitals which are separate to those providing Minsa services. In general, the healthcare delivered by EsSalud is superior to that of Minsa, however oversubscription and long waiting lists are still a large problem.

This is different to the NHS where universal healthcare is available to all which is free at the point of use. The quality of healthcare provided does not depend on employment or economic status, and no health insurance is needed. I was able to gain experience in an EsSalud hospital where I witnessed first-hand the oversubscription of the service leading to delays in emergency care and long waiting lists for outpatient appointments. From my experience, these problems are very similar to those currently experienced by the NHS.

The wealthiest citizens of Peru can choose to pay for private health insurance where services are far superior to both Minsa and EsSalud. This option is costly, and hence is inaccessible for the majority of the population. Whilst I didn't have the opportunity to visit a private hospital, it appears to be similar to private healthcare in the UK.

One of my objectives for this placement was to learn Spanish so that I could communicate with patients, parents and healthcare staff. Before arriving in Peru, I spoke almost no Spanish so I was very pleased to be able to develop my skills sufficiently to meet my objective by the end of my placement. For the first week of my placement, I spent the day in Spanish classes to build up my skills and confidence before entering the hospital. In weeks two and three, I attended the hospital in the morning where I gained valuable clinical experience, followed by Spanish lessons in the afternoon. The Spanish lessons comprised of specific lessons in conversation, grammar and medical Spanish. I also found living with a Spanish-speaking host family to be extremely valuable as I was able to practice in a relaxed environment.

Overall, I am very pleased with how much I improved my Spanish skills during my three weeks spent in Trujillo. By the end of the placement, I was able to competently take a history from and examine patients only speaking in Spanish. At the end of the placement, I successfully passed an exam and gained a qualification in basic medical Spanish.