

## **ELECTIVE (SSC5c) REPORT (up to 1200 words)**

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

### **Objective 1: Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health:**

East London has a diverse population which have their own particular needs, in addition there are higher rates of TB and HIV compared to the rest of the country due to links in which the ethnic populations have with the areas of the world which naturally have higher rates of these diseases and possibly a more limited health care system to deal with them. Some of the ethnic minorities are also more susceptible to diseases such as diabetes, partly due to their genetics and partly due to various other factors such as lifestyle influencing obesity.

Many patients do not have English as their first language so there is quite often a language barrier during consultations which can make taking the history very difficult and consequently initiating the most appropriate investigation and treatment plan. However, quite a few of these type of patients do have a family member present to translate, although this is of course not the most ideal of situations when it comes to confidentiality and ascertaining whether the information translated is the most accurate.

In addition, patients can have a variety of faiths they follow which can also change how they are managed, for example some females will only accept females to take the history and examine them due to their culture.

### **Objective 2: Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with the UK:**

The UK has the National Health Service, which is considered to be one of the best systems in the world, and also allows healthcare to be available to everyone. However there are systems around the world which follow different structures, for example the US who are well known for their private system and essentially healthcare is available as long as one can afford health insurance. This is of course very different and there are a number of issues that arise from not being able to afford healthcare including deterioration of health and presenting in the much later stages of various disease which can be fatal. There are also cases of patients who have huge financial issues as a result of being treated for their health.

A more intermediate system that falls between the UK and the US, is the one that is in Australia, which is partially government funded through a tax levy and partially private. The amount taxed depends on the income of the patient and whether they have private health insurance or not; those who do not have insurance and can afford to do so will have a higher tax levy.

### **Objective 3: Health related objective: To describe the particular health needs of those patients who typically come to A&E in East London.**

The patients around Newham and East London in general appear to be very different to that in other areas of the country, and with that comes more specific health needs. From my observations in the emergency department, there appears to be a large number of the population who have various mental health issues considering that there is a particular bed dedicated towards psychiatry and that this bed always appears to be occupied. In addition, there are a number of patients coming in with obstetric issues such as vaginal

bleeding and hyperemesis gravidarum, which one might expect as both of those conditions obviously requires either investigation or treatment respectively.

The major specific needs involve the language barriers that arise on consultation. I've come across patients with a range of abilities to speak English, from completely fluent to requiring a family member to translate the whole consultation. This in itself has provided a great challenge in how to manage a patient as it is sometimes incredibly difficult to elicit an appropriate and accurate history. Of course such patients require more time to manage and in the context of an accident and emergency department this can make it a rather pressured.

Other health needs appear similar to that of the general population as patients present with various symptoms which can be specific, such as chest pain, or vague, such as generally feeling unwell.

**Objective 4: Personal/professional development goals: To gain further insight into the world of emergency medicine.**

Although I've had a placement in emergency medicine in the past, I felt that I had a rather limited exposure with regards to how the department ran. I was fortunate enough to be able to see patients first hand and have an attempt with how to take them from the initial contact of taking the first history and examination and trying to form an appropriate initial investigation and management plan for that individual. Although I have had a little experience in doing so in the past, this felt much more helpful as it was bringing everything together after the last few months with the final examinations and such.

Whilst my I feel that my experiences in emergency medicine may not have covered every aspect of what it can provide, I can tell that it is most definitely a very exciting place to be and that I will most definitely look forward to having more experiences there in the future, possibly in my foundation two year and perhaps even further as a potential career choice.