

OBJECTIVES SET BY STUDENT

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Objective 3: Health related objective: To find out if for the conditions I will be seeing regularly such as rheumatoid arthritis and behcets disease are being followed to a similar treatment programme to that we find in the UK.

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Objective 4: Personal/professional development goals: Can I see myself doing rheumatology as a career compared to general practice which my other elective is based on.

ELECTIVE (SSC5c) REPORT (1200 words)

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

Elective Title: Rheumatology in India

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: To find out the prevalence of the conditions I have learnt about in medical school and see the recurrence rate of attendance in hospital

The pattern of disease I saw in the hospital I worked at in India is hard to say because it is extremely varied. This particular hospital in Medanta is a private one rather than the usual government setup. And thus this meant people would come

from all over India to have a consultation as this hospital acted more like a one stop shop. Patients could have all investigations and results interpreted in one building and end the day with a consultation to arrive at an ultimate treatment plan. This meant that I saw all ranges of conditions in rheumatology rather than more of one or two particular diseases.

In the UK it is safe to say that the conditions of rheumatology I have seen are usually osteoarthritis, rheumatoid arthritis, sjorgens syndrome and fibromyalgia. Compared to what I had seen in India these 4 conditions are prevalent however as I have said, due to the vast amounts of conditions I saw there it would have been all conditions that are prevalent in the hospital I worked at as it was a super hospital.

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: to find out what is being offered in terms of the services for the lifelong conditions and compare it my elective findings in Canada

So for this objective it is better to compare the lifelong conditions that are common in the UK and India for this. Osteoarthritis was a common condition in both countries. As we know it is a condition that occurs due to wear and tear of joints in most commonly the elderly population. These patients were offered similar services like lifestyle therapy and pain management. For conditions like fibromyalgia I was pleasantly surprised such topics were not taboo and people were open about it as I presumed they might have been. I was also glad to see the doctors there were also sympathetic to such patients like here in the UK and subsequently told them that they needed hobbies and to do more exercise which is a similar approach I have seen whilst in clinics in the UK.

Objective 3: Health related objective: To find out if for the conditions I will be seeing regularly such as rheumatoid arthritis and behcets disease are being followed to a similar treatment programme to that we find in the UK.

Firstly this again is an interesting objective that shed more light in my eyes with regards to treatment in these conditions. Behcets was or seemed to be very rare in the India. I did not actually see one patient with behcets disease which I found quite surprising. As we work at the royal London for placements in rheumatology we have access to one of the only behcets clinics in London. And thus I may have thought incorrectly about the prevalence of such a condition in India. I therefore cannot comment on the treatment for this condition as this objective addressed for such a condition.

However I did see a lot of rheumatoid arthritis. And this treatment approach was similar to what I had seen in the UK in comparison to India. So in India depending on the stage of presenting the patients are treated subsequently. For example if they have just presented and have shown signs of inflammatory like the hands are darkened compared to their face or their fingers are clearly swollen or they are very

clearly have hot swollen joint they are told to do a combination of anti-inflammatory and disease modifying agents. The usual anti-inflammatory that I saw being used was cox-2 inhibitors and glucocorticoids.

Objective 4: Personal/professional development goals: Can I see myself doing rheumatology as a career compared to general practice which my other elective is based on.

The experience I gain from India will be totally opposite in answer to the Canadian elective part because the diseases I will be exposed to in North India will vary, for example from the extremes of panniculitis and Wegener's to the common diseases like rheumatoid or osteoarthritis. These rarer conditions that we will not see in the UK are ones for sure I have seen in North India and ones that we only have access to from reading in text books and Google images for pictures. As my brother carried out an identical placement in the same hospital I feel lucky he managed to maintain a connection with the consultant and this has been a great experience in furthering my interest in rheumatology. And so, this will enhance my understanding of the rarer conditions giving me a chance to appreciate the complexities of such conditions and how they affect the patients' lives.

ELECTIVE (SSC5c) REFLECTION

This information will be used to monitor placements for safety and to provide useful information that we can pass on to students for the future. (Please complete the sections below).

Was it what you expected?
Definitely was a great experience and more than what I expected. I however was in a cooperate hospital and thus the facilities available are better and more accessible compared to the government led institutions so I can't comment on that side. Yes it was an amazing experience in India. I thoroughly enjoyed my time there. The team were great and welcoming and made my time their enjoyable. It was I expected because my brother had gone to India the year before on his elective to the same place and told me how great it was.
Clinical experience?
Amazing exposure to various conditions of rheumatology. For example PAN, Wegener's. They had similar clinics as the UK and similar MDTs in the morning.
What did you learn about the people and the country?
People in India surprised me without the amount of knowledge they had regarding their own condition before they came to see the doctor. They all more or less spoke very good english. Very hospitable people in the hospital. Outside you have to be careful for thieves and pickpockets.