

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

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

### **1. What are the prevalent gynaecological conditions in India and how does it differ to the United Kingdom.**

During my time at Apollo Hospitals in India, I attended many clinics and surgeries. The first thing I noticed which was different to the UK was that a lot of women from around the country chose to come to this hospital in particular in Chennai for routine check ups. This meant that they were not called for screening, but instead came in at times with no presenting complaint for a check up which included a full work up of: history taking, breast and pelvic examination and further tests if the doctor deemed it necessary. The patients would then return the next day for the results of their investigations. This is different to the UK, in that in the NHS patients only present when they notice a pathology, or when routine screening calls them in for a cervical smear or breast screen as examples. During history taking in clinics, I noticed a lot of women had diabetes and hypothyroidism in their past medical histories. In terms of gynaecological conditions, I saw patients with presenting complaints that were similar to the ones in the UK. This included intermenstrual bleeding, menorrhagia, or oligomenorrhoea - conditions that were linked to endometriosis, endometrial cancer, fibroids, polycystic ovaries syndrome. They were then sent for further investigations. I think the reason I saw limited pathology, is because a lot of the clinics I attended had patients come in from different parts of the country for routine check ups from their own choice. I think this may have been due to doing a placement in a private hospital where patients have the money to pay for their own healthcare. Had I been to a government hospital as well, this may have been a different experience. Despite having not seen many gynaecological conditions in clinic that varied from the UK, what I did notice about the care was that the doctors were well equipped for delivering the best care to their patients. Every doctor I sat in with also took their time to translate and explain every consultation to me. I was also amazed by the fact that they all could speak many different languages, which is an important skill due to the vast medical tourism. With regards to gynaecology in theatres, I saw many different procedures such as an open myomectomy, retained products of conception with laproscopic tubeligation, endometrial cyst removal, endometrial biopsies, fibroid removal, emergency caesarean sections etc. It was most interesting to see how theatres are run in India in comparison to the UK. A lot of the surgeries started at 7.30AM and finished by lunch time. I noticed then that a lot of doctors alternated between surgery and clinics unlike the UK where doctors have set scheduled days of either theatre or clinics. I managed to see a huge endometrial cyst removal of 25cm during one surgery, which the doctor said was not an unusual presentation in India. The doctor also commented that fibroids of around that size were also a relatively common presentation. This contrasts to the UK in the surgeries that I have been in where I have seen similar operations, but for much smaller sized pathology.

### **2. Discuss the different presentations and delivery of Women's Health in India and compare it to how it is in the UK?**

In Apollo Hospitals, a private run hospital, women attended gynaecology clinics out of choice. They attended for check ups even if they had no pathology just to check their well being. This contrasts to the UK where women present when they have pathology, or when they are called in for routine

checks such as mammography or cervical screening. The reason for this is because Apollo Hospitals in Chennai is well known in the country for delivering optimum healthcare, so people come from all over the country and sometimes different countries to be seen and treated here. With regards to the doctors schedule of how patients are seen in this hospital, I noticed that a lot of the time, there were not set times for clinics and theatres. Instead, doctors often have a clinic in the morning and do surgeries in between seeing these patients, so patients in clinic sometimes have to wait for the doctor to return from surgery. Their day also starts much earlier, sometimes at 6.30AM and ends later in the day than in the UK. Doctors also work Saturday mornings in India. After a patient is seen in a gynaecology clinic and examined, if pathology is detected, they are sent for investigations on the same day then asked to reattend clinic the next day to discuss the findings, a system which contrasts with the NHS.

**3. Compare the provisions of healthcare in a private hospital and compare it to how the National Health Service delivers care**

Healthcare in this private hospital is very different to the UK in that with the NHS, patients who are concerned about their health are seen by their GP, followed by a referral onto a hospital through a waiting list and then investigated. In India, it seemed to be the case that in private hospitals, patients attended clinics when they chose to and had a full health check by choice. A lot of patients had no pathology, whilst some did. They were also investigated on the same day, so there did not seem to be a waiting list as such. This system has its pros and cons. To me, the advantage of this system is that patients were seen as soon as possible and did not have to wait for weeks, which is sometimes the case in the NHS. However, the disadvantage is that, as it is a private hospital, these patients could obviously afford this service. Those that aren't able to afford such service are treated by government run hospitals and unfortunately I am unable to comment on the system there as I did not have the opportunity to see one during my time on elective. In my opinion, another disadvantage is that gynaecological surgeries were run in between clinic times, meaning a lot of the time patients had to queue outside the clinic and wait for the doctor to come back after surgery for their appointment. The NHS on the other hand has a more structured approach due to set clinic times and surgery times so that patients are not kept waiting for too long for their appointments. During my placement in Apollo Hospitals, I also spent time in the obstetrics department. Fortunately, at my time of arrival, a new women's health building had been built which had been open for only 15 days. I attended antenatal clinics and observed a few live births during my time there. I realised that private obstetric health care in this hospital was very similar to the NHS system in the UK with regards to routine antenatal checks.

**4. Describe the new skills I have gained by undertaking an elective abroad, which I can transfer to my life as a foundation doctor**

I feel like this elective has provided me with the skills to be a better foundation doctor. A lot of the time I was unable to communicate directly to patients due to the language barrier, but I learnt that non verbal cues are just as important as a doctor, whether it be your body language and the way you behave in front of patients. This elective has taught me to put more emphasis on non verbal cues, something which I will never forget. Communication skills is a huge part of being a successful doctor,

both verbally and non verbally. I was also always so grateful when the doctor took their time to translate each consultation for me so that I didn't feel left out and that I was unable to learn from my time there.

Overall, I thoroughly enjoyed my elective in India. It was a huge contrast to how the system is in the NHS, so was refreshing to be able to have the opportunity to undertake an elective like this. It appears that the healthcare system in India is rapidly changing and it is clear that Apollo Hospitals is an excellent place for healthcare, especially as patients travel far and wide to be treated here.