

ELECTIVE (SSC5c) REPORT (1200 words)

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

I was lucky enough to get a placement in a charity-funded hospital, Indus. I expected this to differ from the normal government or private funded hospitals, both, in terms of the type of people and also the conditions that presented.

From the moment I entered I knew this would be an interesting ride. There were security guards at the entrance of the emergency department, separating the doctors and the waiting patients. Even I had trouble being let through the doors in to the doctors treating area, I had to talk to several guards before I was allowed entrance. The sheer amount of noise and aggravation coming from the waiting room meant that these patients had already, perhaps, been waiting well over the 'four hour waiting period'.

When a patient first enters the main gates of the ED department, they must queue up to see someone behind a glass window. This person at reception essentially is the one who triages, but they aren't a trained medical professional such as a nurse or doctor. No medical examination, and minimal questions are asked to gauge the severity of the condition. Once the severity has been assessed, they are assigned one out of four colours, red being the most severe. The blue cases were the most common, and this consisted of patients with no obvious visible injury and general queries. Patients were then asked to wait in the waiting room and to only enter the ward when their name was called. A computer screen linked the data from the waiting room and the ward together, and it was the nurse co-ordinator who had the role of calling patients in to the ward once space had been made. Despite these measures that had been put in to place, there was still the need for security guards.

During my time there, it was clear to see the most common conditions that came through the door. It was absolutely normal to see at least two motorbike accident traumas every hour, and clearly that is not the case in the UK. Upon questioning these patients, some were underage and some did not even hold a license to be riding a motorbike. Of these patients, almost all were men under 25, and the extent of their injuries ranged from simple cuts and bruises to broken limbs.

Secondly, the majority of patients (colour blue) came with generic symptoms such as cough, abdominal pain, headache, and gastrointestinal/genito-urinal disturbance. Lastly, there were designated areas in the ED for conditions such as malaria, dog bites, and removal of limb casts. The only patients that I witnessed being rejected were those with TB or any condition that needed quarantining, as there was no allocated space for this.

There was no real structure, but each patient seemed to 'find' the next available doctor himself or herself or if they were lucky they were sent to a specific doctor who was free. There was no privacy, and often patients were telling their story whilst being stood up in the middle of the room. The biggest surprise to me however was that not once did I see the doctor I was shadowing examine a patient. Even the history was kept to a minimum. All notes were written electronically on to the computer, but these were the bare minimum just stating the problem and the treatment and tests given. The general pattern seemed to be to hand the patient over to the nurse to carry out tests e.g. urine dip, bloods etc. or to send over to the imaging department for an X-ray.

Patients were expected to make their own way to the imaging departments or to find a nurse themselves (although there were an adequate number of nurses present). They came back to the ED themselves with a report in their hand, at which point they found their treating doctor and once again waited until they were given attention.

At first, I was very impressed by the whole set up in the ED department. For example, I didn't expect there to be air conditioning in the hospital, nor did I expect the notes to be electronically written. Furthermore, the nurses were fantastic with the patients and were very well trained in clinical skills. But as I spent more time there, I realized there were various shortcomings. The lack of beds, no privacy for patients, no designated cubicles, shortage of computers, the attitude of some doctors, no follow-up for patients etc.

The biggest thing that became apparent to me was the attitude some doctors were adopting. There were times when patients were clearly desperate e.g. fracture of the neck of femur, yet they were sent away without adequate pain management or follow-up simply because there was no space on the operating list. They weren't offered any help simply because 'this is a charity funded hospital and you should have gone somewhere else if you wanted quicker service'. These incidents happened on many occasions and to see such desperate patients being turned away really upset me, but I know the doctors weren't to blame a hundred percent.

I feel this placement really benefited me in more ways than one. I was able to develop my communication skills by adapting to different environments and also speaking in a different language. I was exposed to different conditions, such as urgent trauma cases, which meant that management was under more pressure. I also experienced cases of death, and being present when bad news was being broken. In addition to this, I was able to practice my clinical skills by getting more comfortable with day-to-day skills such as venipuncture and cardiovascular examinations.

The biggest challenge, however, for me was dealing with my emotions. For someone who enjoys emergency medicine, I found it hard to deal with the traumatic cases and deaths. There were instances where I witnessed fathers crying for their children, death in front of my eyes, limbs hanging off, and elderly patients being rejected treatment. To see this all in one day was hard, and at times, I had to get away. Everyone is aware that such poverty exists, but to witness it day in day out was something I found hard to adjust to. It was a character learning experience for me, and I have realized I must become emotionally stronger if emergency medicine is a career that I wish to pursue.

1,063 words