

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

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

**One of the most common reasons for hospital admission during my stint on Paediatrics in St Vincent was asthma, which is a huge child health issue worldwide. Many children in the UK suffer from Asthma, but there is a lot of focus on education and prevention of exacerbations causing hospitalisation. There are specialist asthma nurses in the UK to discuss medication regimens and also inhaler technique, but in St Vincent there is not the luxury of such specialisation amongst nursing staff. There is a lot more usage of home nebulisers in St Vincent, whereas in the UK there is a broader range of asthma medication used to attempt to prevent attacks. There seems to be less focus on education and prevention in St Vincent, and more focus on dealing with the acute exacerbations, which are dealt with similarly to the UK with Oxygen and nebulisers, and steroids in extreme cases. There are no national guidelines available in St Vincent to advise on dealing with asthma, unlike the stepwise guidelines available in the UK.**

**Gastroenteritis was another common reason for admission to the paediatric ward, especially for babies. Like asthma, this is also a condition which is also very prevalent in the UK. Treatment of gastroenteritis was broadly similar to the UK with fluid resuscitation and monitoring.**

**I saw a number of cases of poisoning during my elective, sometimes with substances that are not legal in the UK. One such substance is Gramoxone, a banana herbicide used by the local farmers. The 13 year old girl I met on the ward who had ingested this had done so deliberately as a suicide attempt. This is apparently a common way to attempt suicide on the island. The substance causes gastrointestinal erosions and multiple organ failure and is illegal in many countries. It causes a very slow and unpleasant death, but fortunately in the case of the girl admitted during my placement, only a small amount had been ingested, causing only a tongue erosion. In the UK paracetamol overdose or self harm are more commonplace, but neither seem particularly prevalent in St Vincent. The registrar on the ward suggested that there needed to be better education for farmers around the dangers of gramoxone, and tighter controls over how it is stored as unfortunately this was not the first case of poisoning they had seen with that substance in April. Several children were admitted to the ward one day following ingestion of rat poison at school, and all were fortunately fine.**

**Rheumatic heart disease is quite common in St Vincent, with many children and teenagers suffering the complications. Once a month, a whole morning clinic is dedicated to children with history of rheumatic heart disease. This provided me with an opportunity to hear a number of very interesting murmurs. It is extremely rare to see such patients in the UK as rheumatic fever is uncommon and surgical treatment of complications could be given. There is a significant burden of rheumatic heart disease in many developing countries, as treatment of strep throat is often not given, allowing the streptococcus bacteria to cause rheumatic fever, fibrosis of the heart valves and also nervous system damage in extreme cases.**

The healthcare system in St Vincent is largely government funded, however there are many private clinics offering general practice services. Referrals to hospital come from these clinics, or public clinics. Patients pay a small fee for a hospital stay unlike in the UK, and must also pay a small fee (around £1.50) for any drugs dispensed from the hospital pharmacy. In the UK, drugs given in and taken away from hospital are free, but subsequent prescriptions will be issued by the GP and a prescription charge will be paid. Similarly to the UK, the elderly and children are exempt from the charges. The hospital pharmacy often runs out of certain items however, in which case patients must visit another pharmacy or send a relative to collect the drugs, which are purchased at non subsidised prices. Milton Cato memorial hospital differs in a number of ways to the hospitals in the UK. There is much less obsession with sanitisation, with the doctors bringing their own hand sanitiser if they wish to use it. Supplies are limited with paper towels being a luxury and ECG paper, surgical gowns and local anaesthetic all running out during our visit to the hospital.

There are not many specialist doctors in St Vincent, as it is necessary to move away to complete specialty training. This results in many patients waiting a long time for treatment, or flying to other countries. During the first week that I was in St Vincent, the World Paediatrics Project team were visiting, who are sent over by a charity in America, in order to perform complex surgeries that the staff at Milton Cato do not have the expertise to perform. In the UK it is sometimes necessary for children to travel to specialist units in other cities, but it is very rare that they would travel to other countries or have long waits for treatment.

During my stint on the paediatric ward in St Vincent I hoped to be able to gain experience communicating with children and their parents. As I have been assigned a paediatrics post during as one of my FY2 jobs, this has proved very useful experience for me. I was able to gain experience in helping to take blood from children, learn how to restrain them appropriately and attempt to calm them down during unpleasant procedures. I feel I also learned how to communicate well with children in clinics and develop good rapport with both them and their parents. I have gained experience in how to examine children, however I did feel on the whole that both parents and children in St Vincent were much more cooperative than the average patient in paediatric clinics in the UK. Parents in St Vincent asked fewer questions and often seemed to have more respect for the doctors than I have sometimes observed in the UK. Overall I had a very enjoyable placement, learning a lot about medicine in a developing, resource poor country.