

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

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

**Objective 1: Compare the diseases seen while giving basic primary care in remote regions of the Peruvian rainforest to those presenting at Homerton A&E**

The two contexts in which I saw patients in the course of my elective were those seen during charity-funded provision of basic primary medical care in a remote region of the Peruvian rainforest, and urgent primary care in the UK. Unsurprisingly, the diseases and illnesses seen were very different.

The most striking overall pattern was that the major pattern that I saw in Peru was of untreated chronic conditions, many of which in the UK would largely be managed by a local GP. There were clear structural reasons for this, which I will discuss under the next objective.

These untreated conditions most commonly included adults with chronic back pain, headache or eye problems such as pterygion or cataracts; and children with malnutrition, intestinal worm infestations, or fungal skin infections. I also saw two individuals with chronic pain relating to old fractures which had never been properly set, one with probable rheumatoid arthritis (untreated), and one with probable elephantiasis secondary to lymphatic filariasis. Acute conditions were very limited, and some occurred in the course of the boat journey, such as in the case of a crewman with an acute hypersensitivity reaction to a bullet ant bite.

Whereas the presenting complaint among patients at Homerton A&E was markedly more urgent. I clerked in many fractures, suspected fractures, lacerations and incisional injuries, and patients with emergencies along the lines of chest pain, shortness of breath, or seizures, and attended the resuscitation of a patient with six stab wounds and another who was comatose after a mixed drug overdose.

**Objective 2: Compare the different medical models of care in the UK A&E setting and the Peruvian remote setting.**

In the regions of the amazon where we were, we largely saw small, indigenous populations. Their first option for treatment would be within their local community, such as with herbal medicines locally harvested. Their next option would be a small local clinic a day or more away where they might access basic medical assistance. After this, their next option would be to make the multiple day journey to the main regional hub of Iquitos, where they might access such hospital or specialist care

as they could afford, or such free care as was available if they met the necessary criteria, such as having carried out national service.

Whereas in the Homerton A&E setting there was rapid access to urgent help where needed in a population that had easy local access to more routine primary care elsewhere. In instances where lack of access to routine primary care was noted, there was help on hand to find such services as a local GP. And in instances where it was noted that a patient's routine care was of poor quality, such as an elderly patient with bed sores and an injury caused by a fall from a faulty hoist, there was a structured safe-guarding approach to ensure that this could be addressed.

This had a clear impact in the conditions being seen at each location, and on the prevalence of untreated chronic conditions in the Peruvian Amazon as compared to Homerton which I discussed under objective 1.

**Objective 3: To assist in the immediate assessment and management of patients presenting at accident and emergency in Homerton.**

Over the course of 56 clerkings during multiple day, late and night shifts, I was very active in taking histories, carrying out examinations, developing an initial impression (to discuss) and potential plan for the patients whom I clerked in over the course of my placement. I also assisted with sundry small jobs and procedures, although the need for such was often relatively slight due to excellent support by HCAs and other allied health professionals. I hope that overall I was more helpful than I was a hindrance in the department, and I felt like both patients and staff appreciated my efforts.

**Objective 4: To practice my history taking and examination skills in a western setting after recently having been in a very basic setting in the Peruvian amazon where it was further born upon me that sometimes these are all that we have.**

I feel that I benefitted a lot from the opportunity I had to practice my skills in history taking and in examination, and especially in trying to maintain an overall diagnostic picture in my head while being presented with a host of disparate information. I also feel that I benefitted significantly from the feedback which I had from other members of the department, and the chance to observe them fill in the gaps which I inevitably left. It remains an ongoing process, and I still have notes for reflection regarding areas to further follow up on, from anatomical knowledge with relation to the assessment of a number of injuries, to the need to hammer home what the red flags are for a number of common presentations.

**I also benefitted from many other learning opportunities, including practice in interpreting investigations, carrying out basic procedures, learning to plaster, and gaining a greater understanding of the decision making process behind making a plan for patients at the end of their assessment in the A&E.**