

ELECTIVE (SSC5b) REPORT (1200 words)

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

Elective Report 29/03/17 – 12/05/17 Antigua and Barbuda Search and Rescue

The Antigua and Barbuda Search and Rescue organization is a charity run out of the south-east of Antigua in English Harbor. It provides medical emergency response, fire response, and a walk-in clinic as services for a large catchment area in Antigua. They also have two assets, one in the north and one in the south which can provide marine rescue to a range up to 45 miles and can be assisted by helicopters and patrolling naval ships from France and or the Netherlands. I spent time seeing patients in the clinic, responding in the ambulance, and providing medical cover to two big yachting events and over 200 yachts and approximately 1000 people on the water. ABSAR also offered time training me in man overboard exercises with consideration to c-spine management and using a spinal board in the water and transport to land.

Describe the pattern of issues found in search and rescue missions and discuss how they might present similarly or differently in the UK

The Caribbean and ABSAR itself has limited resources, mostly personnel. Search and rescue operations are run by a few groups banding together with no pre-set organization or guidelines on how to work with each other. The French coast guard have an area of responsibility around the leeward islands and to the east agreed at the international convention on maritime search and rescue. They coordinate any operations in that jurisdiction and will work with ABSAR, a private helicopter company, and a Dutch naval ship. The Maritime and Coastguard Agency in the UK employ 1,050 staff and have 3,500 volunteers, lifeboats, rescue helicopters, and a fixed wing aircraft. The UK has to patrol a much larger area than ABSAR, and they have to patrol the English Channel, the busiest shipping lane in the world.

Describe the health provision in the Caribbean and how it differs from the UK

There is a mixed private-public system in Antigua. One case, a lady had an anaphylactic reaction and having forgotten her epi-pen, was rushed home by her boyfriend who subsequently wrapped his car around a lamppost. The patient wasn't wearing a seatbelt and ended up smashing into the windscreen fracturing her jaw in multiple places. The surgery required a maxillofacial surgeon who had to be flown into the island because not all specialties are provided. Post-operatively she required intensive care because they were cautious of her airway. All in all, it cost the patient \$39,000 in the public hospital. It is not uncommon for resources to be stretched and personnel flown in if required. The island has no income tax and is reliant on a form of VAT, corporation tax, and property tax. The budget for the ministry of health in 2016 was £23.5 million (£293.75per person) compared to £116.4 billion (£1790per person) the NHS gets is reflected in the poor health of the locals and inadequate management.

Private clinics charge \$100 for a visit, \$200 for wound care, and \$500 for sutures. It seems like obscene costs for a country where the average income is \$15,722. Although there is a relatively large expatriate community, tourists, and wealthy owners and crews of yachts.

ABSAR works on donations and can provide advanced life support, oxygen therapy, sutures, pain management, antibacterial, and other general practice and minor surgery options. One gentleman from the local community comes in daily to have a wound dressing redone. The ABSAR clinic is open 6 days a week and are on call 24/7 365 days a year.

Describe the population served and their expectations of medical care compared to the patients in an emergency setting in the UK

The local community often come in for blood pressure checks and other mild ailments, thankful for the free service ABSAR provides. The crews of yachts, expatriate community, and nearby hotel guests frequently use ABSAR. It is not uncommon for people who come through the door to be unsure of the training and expectation of the services able to be provided but after introductions, most are more than willing to sign a waiver understanding that the treatment and advice provided is through good will and to the best of their ability and not an actual emergency department. Most people asked how much they should pay and it varied from person to person with one captain of a yacht donating \$300 for access to an oxygen tank. In the UK I have seen a couple of people ask me during my GP placement how much they should pay for an appointment but otherwise it is mostly accepted that the NHS is free at the point of use.

Develop my clinical skills in emergency and pre-hospital settings, reflecting on how the experience might influence my future clinical practice

There were a lot of practical aspects to care provision that I have found extremely invaluable, not just because of the practice, but because of the transferable skills gained like how to approach a new practical skill. I became confident in suturing and the use of local anaesthetics. I created a powerpoint presentation on the signs of toxicity and management of local anaesthetics and used it as an opportunity to further my teaching skills. I had a lot of experience using an otoscope and, although it isn't used as a management option in the NHS anymore, learned how to syringe ears to clear wax. Burn and wound management is something that I anticipate could be very important for me to respect if I am able to pursue a career in anaesthetics and intensive care; being able to inspect wounds and then appropriately redress or help the team afterwards.

One time we were called to a restaurant to assess a woman who had been "drifting in and out of consciousness" and I found myself taking control of the situation and doing an A-to-E (+glucose) assessment in a real life scenario for the first time. I felt very calm going through my structure and in the end managed the case as a syncopal episode with good results. That case has given me confidence to go on into hospitals knowing I can identify an issue and manage it. Another case I had a high clinical suspicion of a sub arachnoid haemorrhage in a 30 year old gentleman and urgently advised him to seek further medical help. A couple of weeks later he saw me and told me of his story how he ended up in Paris having a leaking brain aneurysm coiled. Considering the lack of laboratory tests and imaging at ABSAR, this case was extremely satisfying and self-assuring in my history and examining abilities.