

Due to the large number and variety of conditions seen within the clinic in Siem Reap. My key objective is to enhance my knowledge of general medicine and basic wound care	This clinic provided free primary care to anyone who arrived at the clinic. For this reason, the patients usually lived in the surrounding village and slums although some did travel in from further destinations. The ages of patients seen by the medical staff ranged from a few days to the very elderly (in their 90's). Often patients were seen with similar ailments as I have observed within my GP placements in England. This largely included coughs, colds, ear aches, diarrhoea and vomiting. Additionally, there was a high incidence of skin pathology (mainly due to insects or infection) and many patients with chronic health conditions including diabetes, hypertension, osteoporosis, heart failure, hepatitis B/C and HIV.
Siem Reap is one of the poorest slum areas in Cambodia and relies heavily on charitable organisations such as New hope, along side government run health clinics. I would like to learn more about the role of these different health providers within the community.	When a patient needed investigations or more specialist treatment their option would be to pay for it themselves or receive a note from their chief of village that stated they could not pay, ensuring they would not have to. The chief of village could only sign the letter if the person owned land within the village so this system often could not provide for the most vulnerable. In these circumstances 'New Hope' would often pay for transport, investigations, treatment from a hospital doctor and food during their stay if it was felt it was necessary. Additionally, there was a charity hospital nearby that treated children for free. For this reason, New hope would send any particularly ill children to this hospital for treatment without hesitation.
To understand and be confident in diagnosing and managing common conditions observed within the community.	Patients with acute, mild illnesses often needed little more than Paracetamol and a short course of antibiotics. As travelling to the clinic often proved difficult, it was also important for the medical staff to provide education of ways to support /prevent any ill health. Any patient that presented with diarrhoea/vomiting were advised on the importance of washing hands before preparing food or after going to the toilet. Additionally, they were taught the use of oral rehydration and sterilising water to prepare this. Patients seen with burns were educated on how to keep the wound dry and when they should return to change the dressings. The use of salt to sterilise wounds was also widely taught as this was often cheap and available for the families.
To work alongside team members from different cultural backgrounds and with different areas of expertise. To become more confident communicating with patients who do not speak English.	Permanent clinical staff which I was working with included two Kumer Doctors and a Nurse from the Philippines. One of the Doctors has trained in the Kmer army while the other had just completed her medical training at university within Cambodia. Other than the clinical staff, the clinic itself had two Kumer translators, a secretary and a tuk-tuk driver for patient transport. The Kumer translators not only helped with communication between patients and Western staff but also clerked any patients that arrived, carrying out basic observations including blood pressure and temperature. The secretary provided numbered labels for each patient ensuring they were all seen. More recently, a counselling service had been set up within New Hope, this was carried out by a local Kumer woman. She herself worked for 'Outreach.' Outreach is part of the New Hope organisation that provides food, cooking equipment, blankets and soap for sponsored families in poverty. This service was organised and provided in another building on the same site as the Clinic. Both these resources allowed patients who were malnourished, being abused or at risk of neglect to be followed up.