

**Elective Report – Anse Royale Hospital, Seychelles: April – May 2014.****Learning Objectives**

- 1. How do the healthcare systems differ between UK and Seychelles? How is primary care delivered in Seychelles?**
- 2. Describe the main conditions presenting to community healthcare – do these differ from those seen in the UK?**
- 3. What health promotion measures are in place in community care in Seychelles?**
- 4. Improving communication skills with those who do not necessarily speak English as a first language, or hold different cultural beliefs**
- 5. What did I find most challenging and what did I learn from my experiences? How can I apply this to future practice?**

**1. How do the healthcare systems differ between UK and Seychelles? How is primary care delivered in Seychelles?**

The healthcare systems in UK and Seychelles are quite similar, with healthcare provision being free of charge. Patients attend when they need to see a doctor, and do not need to book an appointment to see a general practitioner. There are also a few private doctors. Anse Royale Hospital has a casualty department, which deals with a range of conditions, varying in severity. The hospital is open 24-hours, catering for emergency and casualty patients; general practice patients were seen during the daytime. All of this means a very accessible healthcare system, which surprised me due to the remoteness of the island. There are many small clinics across the country serving different districts.

One of the main differences between this community placement and the ones that I have worked on in the UK is that the community hospital had the facilities to deal with acutely unwell patients. The community hospital had a resuscitation bay, as well as an observation ward. These patients were therefore presenting to the casualty department at the community hospital. I was able to observe the management of these patients, which was good revision and preparation for when I start work. Examples of these conditions were diabetic ketoacidosis and supraventricular tachycardia. I found this very interesting, as cases like these are not usually dealt with in community hospitals in the UK. In the more urban areas I have worked in at home, acutely unwell patients usually present to the A&E departments of larger hospitals.

A wide range of services are provided within a community setting. These include physiotherapy, speech and language therapy, occupational therapy and psychology, alongside dedicated women's health clinics and antenatal care. As in the UK, doctors and nurses travel out into the community to carry out home visits with patients who are unable to attend appointments. Furthermore, outpatient appointments with some specialists are carried out in the community hospitals in order to help make healthcare more accessible. Physicians and endocrinologists both held clinics within Anse Royale Hospital, reducing the need for patients to travel up to the main hospital in Victoria.

I feel that I gained a good insight into the structure of primary care in Seychelles whilst on my elective. I also feel that I gained a more valuable experience than expected by being able to observe the management of sick patients as well as patients presenting to general practice, as I was able to revise and test my knowledge of acute medicine as well as of specialties and general practice.

**2. Describe the main conditions presenting to community healthcare – do these differ from those seen in the UK?**

The conditions presenting to primary care in Seychelles were largely the same as those presenting within the UK. However, I was surprised at the volume of patients diagnosed with chronic disease such as hypertension and diabetes. Furthermore, many of these patients were relatively young, with some being diagnosed in their twenties. There were also a significant number of gout patients. All of these diseases may be, at least in part, attributed to lifestyle factors. Problems with sedentary lifestyles/occupations, exercise, stress and diet are potentially all factors involved in the development of these diseases, and are a problem both in Seychelles and the UK. Problems with treatment compliance were also relatively common.

I also learned during my time here that there is also a significant problem with substance abuse and dependence in Seychelles. I was lucky to be given the opportunity to attend a wellness centre, where a range of patients with psychiatric and psychological problems are managed, including substance abuse patients. Again, this is a problem familiar to primary care in the UK, especially around large urban areas such as London. I was able to sit in on a session with the psychologist on one of the inpatient wards, and it was interesting to learn about how these patients were managed.

Although the majority of the presenting conditions in Seychelles were similar to those in the UK, I also saw and learned about conditions seen less frequently at home. For example, fungal infections seem to be more common here, such as pityriasis versicolor. I was also able to see some tourists with beach-related injuries in the casualty department; this is obviously rather rare in central London!

On the whole, the range of conditions presenting in Seychelles was comparable to those presenting within the UK. Most of these conditions can be partly attributable to lifestyle factors, with these being somewhat similar in Seychelles to those seen at home. My experience on this placement has reinforced the importance of taking a good social history in order to discover and address risk factors as well as barriers to treatment compliance. It also reinforced the importance of treating these conditions in a more holistic way, addressing modifiable risk factors in the hope of improving treatment outcomes as well as reducing morbidity and improving treatment compliance.

**3. What health promotion measures are in place in community care in Seychelles?**

Seychelles implement many of the same health promotion measures as the UK. These include cervical screening and breast examination, as well as childhood immunisations. I was able to spend a morning in a family planning clinic, where women were invited for cervical screening and breast examination. Many other clinics run at the hospital, including antenatal care, which I was also able to attend. Posters and information were displayed clearly around the hospitals, with health information regarding issues such as hypertension and HPV vaccination.

**4. Improving communication skills with those who do not necessarily speak English as a first language, or hold different cultural beliefs**

Most of the consultations with the nurses and doctors were carried out in Creole, so I found it difficult to understand. However, most Seychellois people also speak English and/or French, and as time went on I even began to understand a few simple Creole phrases! Having trained in East

London, which is a very multicultural area, I feel that I am relatively used to encountering language barriers, as well as cultural differences. These can cause problems in practice, but it is important to use other tools, such as non-verbal communication. It is also important to confirm mutual understanding when gaining patient consent for any examinations or procedures, as well as when explaining about diagnoses and medications. This further experience will help me in future practice; communication is one of the most important skills in medicine, and as I will be working in London in the near future I am sure that I will continue to use and develop these skills.

***5. What did I find most challenging and what did I learn from my experiences? How can I apply this to future practice?***

Obviously the language barrier during Creole-spoken consultations was a challenge. Overall, I feel that I learned a lot from my elective as I was given the freedom and responsibility to examine patients and carry out some procedures. Following these I was also given good constructive criticism, which I was able to reflect upon in order to improve my skills within these areas. Another challenge was that, working in primary care, I was required to draw upon knowledge of specialties which I had not touched upon in a while. I therefore found it difficult to come up with clinical knowledge within these areas at first. Throughout the six weeks I spent on my placement I was able to consolidate my knowledge within my weaker subject areas. I think that this was a very valuable opportunity to bring my knowledge up to date within specialties such as obstetrics, gynaecology and paediatrics. I also appreciated being given the opportunity to observe patient care carried out in the various clinics I attended, as well as my time spent at the Wellness Centre. Overall, I found this a very valuable and interesting experience, and feel that I was able to gain great insight into how primary care is delivered in Seychelles.