

Elective report (Cyprus)

Objectives of the elective

- *Describe the pattern of endocrinological presentations in the Cyprus population, discuss in context of global health.*
- *Discuss pattern of provision in Cyprus, contrast with the UK.*
- *Observe management and investigations of endocrinological presentations in Cyprus, compare to the UK.*
- *How were personal experience, competencies and skills applied in a foreign hospital setting?*

As part of my elective, I was given the opportunity to spend two weeks in hospitals in Cyprus. In particular, I was given the chance to attend ward rounds at the General Medicine Department of the Nicosia General Hospital, diabetes clinics at the Nicosia General Hospital, as well as endocrinology clinics at the Makareio Hospital.

During my placement, I was able to observe how health provision occurs in Cyprus, as well as compare and contrast with health provision in the UK. Compared to the UK, in Cyprus the use of general practice is not as common as in the UK. This has to do with the fact that at present there is not a National Health System present as in the UK. However, patients can see general physicians at outpatient clinics at the hospital, and are subsequently referred to specialists if necessary. Primary care is also partially covered by health centres in the community where patients can be seen by general practitioners. Patients also have the option to attend private practices or hospitals, the use of which is more common than in the UK. However, due to the recent events regarding the economy in Cyprus, the use of public hospitals by patients has increased during the last few months. Indeed, I noticed that outpatient clinics are really busy.

In terms of endocrinological presentations, similarly to the UK I noticed that diabetes and thyroid disease were the most common. In particular, diabetes seems to be a very common presentation in the Cyprus population. During my elective, I was able to observe the difficulties faced by doctors when trying to control diabetes. Very often, these difficulties relate reluctance of the patients to change their diets, inconsistent recording of the glucose levels, smoking, low levels of exercise, etc. These difficulties are also often faced in the UK as well. Medications that are commonly used in Cyprus include metformin, sulphonylureas, insulin (long acting or short acting), and in certain occasions gliclazides. Similar classes of medications are also being used in the UK. I observed that with proper education and by providing incentives, the patients can become more adherent to their

medications and treatment. For diabetes, prevention is also very important, so I realised the importance of checking eyes, kidneys and feet in order to prevent the long-term complications of diabetes. This is also the case in the UK, so I feel that investigations and management are similar in both countries. In terms of thyroid disease, I felt that hypothyroidism is a more common presentation than hyperthyroidism in Cyprus. Moreover, thyroid nodules was a common presentation- especially in women- although in most of the cases these were not malignant. However, I realised the importance of monitoring these nodules to make sure that no malignant changes occur.

During my elective, I was also given the chance to attend ward rounds at the general medicine department. There were a variety of cases, including ascites due to liver cirrhosis, pyelonephritis, investigation of blood in stools, heart valve disease, hyponatraemia, achalasia, as well as more uncommon presentations such as dermatomyositis characterised by Gottron's papules.

One of the challenges I faced during my elective was to get used to the language. Although my first language is Greek, I still felt that I was unfamiliar with certain medical terminologies in Greek. However, although this was the case during the first few days, as time passed I felt more confident with understanding and using these terminologies. I felt the same when I had to interact with patients in terms of asking medical questions or taking history, but I felt more comfortable and confident eventually. Moreover, I felt that overall I was able to apply and further develop my personal competencies and skills during my elective.

Elective report (Cuba)

Objectives of the elective

- *What are the commonest acute presentations seen at the emergency department of Cuba? How are they managed and how does that compare to the UK?*
- *How are the acute medical services organised and delivered in Cuba, and does that compare with the UK?*
- *How is healthcare provided in an underfunded environment such as Cuba, and how is it maintained?*
- *How were personal experience, competencies and skills applied in a foreign hospital setting?*

During my placement at the Emergency Department at the Hospital General Dr Juan Bruno Zayas Alfonso at Santiago, I realised that the variety of acute presentations are similar to those in the UK. These included acute coronary syndrome/MI, diabetic ketoacidosis, infective exacerbation of chronic obstructive pulmonary disease (COPD), asthma exacerbation, injuries/fractures. During my placement, I also observed three cases of overdosing (organophosphates, benzodiazepines, anticholinergics), which I had not experienced in the UK during my A&E placement.

In terms of provision of care, it was obvious that equipment in the wards was lacking compared to the UK. This was expected taking into consideration the political situation and the financial difficulties experienced in Cuba. There was no access to computer software in the wards, there were no monitors (e.g. ECG monitors, O₂ sats, etc). However, I felt that the provision of care was adequate and incidents were effectively dealt with.

In Cuba the system consists of primary care (similar to the primary care in the UK), intermediate care (similar to outpatient clinics), and hospital care. We discussed the system with doctors working in the Emergency Department. They felt the system generally works well. However, patients often avoid presenting to the primary care and present straight to the outpatient clinics or to the emergency departments of hospitals, which means more work for the doctors in hospitals or outpatient clinics. Similar to the NHS in the UK, everyone has access and care is free for those registered.

One challenge of the placement in Cuba was language, as we had to communicate with patients and doctors in Spanish. Although difficult at the beginning, it was interesting getting used to the medical terminologies in Spanish, as well as interacting with patients in their own language. The placement

gave us the opportunity to observe the difficulties that can be faced in an underfunded environment lacking technology, as well as how to effectively deal with these difficulties.