

ELECTIVE (SSC5b) REPORT (1200 words)

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

GROOTE SCHUUR HOSPITAL - ENDOCRINOLOGY - 15 April 2024 - 10 May 2024

I have thoroughly enjoyed my time in Cape Town, having spent 4 weeks at Groote Schuur hospital with the endocrinology department and having been able to spend a few days visiting other areas of the hospital such as neurology and casualty, I have learned a great deal not only about endocrinology but also, about the way in which this public hospital runs day to day. Further to this, I also think exploring Cape Town and discussions with taxi drivers and other students has helped me to gain a greater understanding of some of the nuances of South Africa and what makes it such a unique place to practice medicine. Whilst Groote Schuur serves a large population with great levels of deprivation it is an internationally renowned teaching hospital offering an excellent level of care. I was surprised by how many similarities could be identified with hospitals in which I have done my placements in the UK. I think it would have been interesting to compare my experience at Groote Schuur to a private hospital and to a public hospital in a more deprived part of the country. Many of the patients who were seen in clinics had travelled for hours, some as far as 8 hours to attend the clinic as it was their nearest tertiary hospital. This highlighted to me the difficulty that many face accessing care that is often taken for granted in the UK. I found the hospital environment more informal than in the UK and the doctors and nurses more friendly and willing to teach which made my experience enjoyable.

I think that one of the more noticeable differences between teaching hospitals in the UK and this hospital is the use of paper notes rather than electronic documentation. It was clear to see that using paper notes was more time-consuming and sometimes led to confusion due to interpreting colleagues handwriting. I understand however that there would be great costs involved in moving everything from a paper-based to an online system. Another difference I noted is that in general the staff here in Cape Town seem to be less wasteful with equipment they use. There were far less single-use pieces of medical equipment used such as plastic tourniquets and non-sterile gloves for examinations. I think this is a positive thing as in the UK there is a huge amount of waste produced in the NHS each year and it's important that we all are more careful of how much waste we produce and our impact on the environment. During my time at Groote Schuur, it was interesting to see how the UCT medical students in their final year were given structured responsibility in the clinic to clerk patients, do examinations, come up with a plan and then present this to the supervising doctors. I enjoyed having the opportunity to talk to a few of the UCT students and learn about their course and its structure; in general, they seemed to have had a lot of exposure to patients and decision making which seemed to have equipped them well as they all said that they felt prepared to start their intern year in the coming months.

I chose endocrinology as it is one of the specialties that I am interested in but there is also a lot of overlap with general medicine which has been highlighted to me further during my elective. It was a great learning opportunity particularly as many patients would present late and with complications not seen as regularly in the UK. For example, a patient with type 1 diabetes might present with severe diabetic retinopathy due to multiple contributing factors leading to poorly controlled blood sugar. Some of these factors might include lack of access to medication, although there is a subsidization system for the cost of prescriptions depending on financial status, some patients still need to travel to get their prescriptions,

medication may be out of stock, or a patient may not be educated enough to understand why they require a particular medication or the complications if they stop taking it. This is an extra challenge here in South Africa as in the UK we have quite a robust primary care system which although currently is under immense pressure, would usually mitigate against such severe progression of complications. My time following the ward round also allowed me to reflect on patient care, for example meeting a patient with poor glycaemic control due to being completely blind in one eye from proliferative diabetic retinopathy and struggling to draw up the correct amount of insulin. This made me consider that alongside endocrinology many of the doctors here are also performing the role of the general practitioner in the UK; another woman who I saw in clinic had query Cushing's syndrome but was also struggling with depression due to several social factors which all needed to be addressed. Presentations like this put pressure on the service as there are many patients to be seen with complex needs and the clinic time is finite.

It was very interesting learning about the way healthcare is provided in South Africa and particularly in the Western Cape. There is a two-tiered healthcare system in South Africa with approximately 71% of the population relying on the state-funded public sector and 27% who make individual contributions to access private healthcare. I was surprised to find out that approximately 20% of all people living with HIV in the world are in South Africa and of course this adds another burden of complexity to the existing medical challenges. Whilst not necessarily an endocrinological issue, HIV is a chronic disease requiring lifelong monitoring and medication and therefore inevitably it was discussed with patients on many occasions within clinics. In these situations, health promotion and education are paramount to ensuring the best outcomes for patients. It was interesting to hear the ways in which doctors were able to get information across in a simple but direct way and I feel that I now have better insight into how to explain conditions to patients in a way that is easy to understand and empowers them to take control of their health.

During this elective period, I wanted to consolidate my knowledge particularly of management of diabetes and diabetic emergencies as I believe that in any area of medicine or surgery it is important to be able to know how to achieve good glycaemic control by titrating medications and to manage emergencies confidently. I believe that I was able to consider what I already knew about insulin regimes and reflect on how the theory would work in clinical practice. It was very useful being in the diabetic clinic and hearing about some of the struggles people have maintaining good glycaemic control. Whilst some factors are specific to this demographic, it helped me to consider factors which are universal to allow me to be a better and more empathetic doctor in future. Overall, I have had a great time with the endocrinology doctors at Groote Schuur and have learnt a huge amount. I would encourage anyone considering coming to Cape Town for an elective to do so!