

ELECTIVE (SSC5b) REPORT (1200 words):

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

A medical elective to the world's most southern country... and oh what fun it was.

As a medical student training in the UK's publicly funded healthcare system, the NHS, when the opportunity to carry out my medical elective in Chile arose, a country with a markedly different healthcare system, I took it with both hands. The most striking difference was the utilization of private healthcare. In the UK it is seldomly used due to the universally accessible service provided by the NHS which is offered at no cost at the point of use. Whereas in Chile a blended approach to healthcare has been adopted, with citizens having access to both private and public services – whilst the majority of the population, especially low-income individuals, rely on the public service, known as Fondo Nacional de Salud (FONASA); 20% opt to use the private sector, referred to as Instituciones de Salud Previsional (ISAPRE). It was within ISAPRE that I had the opportunity of undertaking my medical elective.

The vast part of my elective was within the field of plastic surgery, of note aesthetics. During this time, I was able to observe minor procedures including botox, fillers, carbon dioxide laser treatment and umbilicus formation post abdominoplasty. Additionally, I was able to scrub in on common reconstructive surgeries including rhinoplasties, liposuction, breast augmentations and mastopexies – here I was able to develop my confidence and competence in suturing. As well as this I was able to participate in each patient's pre and post operative care. During the latter I was able to see how much of a profound impact the surgeries had on improving body image, confidence as well as lifestyle, particularly in cases of breast reductions which alleviated back pain.

In addition to this I was able to observe new patient consultations. During these I noticed an interesting difference in patient identification practices between Chile and the UK. In Chile, patients were identified using their RUT (Rol Único Tributario) number, a unique number that is used for a variety of purposes, including healthcare. In contrast, in England, the NHS number is not commonly used as a means of patient identification. Instead, identification relies more on information such as name, date of birth and the first line of the patient's address.

Whilst there is a high prevalence of Chileans with systemic health conditions (including clotting disorders), it was intriguing to observe that these did not deter them from seeking cosmetic surgery. Instead, socioeconomic factors, most notably one's financial status appeared to be more influential in their decision-making process. Conversely, I found these conditions were a primary topic of discussion during the clinic on the doctor's end due to their potential associated risks. These risks were minimized through ordering the appropriate blood tests and imaging techniques. For example, for a patient undergoing liposuction, the identification of hernias via an abdominal ultrasound is essential due to the nature of the surgery. Additionally, all surgical patients including those with clotting disorders are required to undergo a clotting profile blood test to identify and address any coagulation deficits prior to their procedures.

On the wards I encountered two patients with open wounds secondary to sepsis and salmonellosis,
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respectively. These wounds were being managed using Vacuum Assisted Closure (VAC) therapy. This technique involves the use of a polyurethane foam and vacuum pump to distribute negative pressure across a wound, which through removal of excess fluid and promotion of granulation tissue, assists in its closure. The use of VAC therapy in these cases was particularly intriguing to me as it highlighted a different approach to wound management than what I had been familiar with in the UK. In London, traditional wound dressings and therapies are more commonly used and the use of VAC therapy is not as prevalent. So, in addition to broadening my understanding of wound management techniques, witnessing its effectiveness firsthand has made me consider referring patients for this technique, if deemed necessary, when I return to work in the UK.

In addition to plastics, I also had the opportunity to shadow a pediatric anesthetist. During this period, I assisted in inserting a laryngeal mask airway in one child and intubating another for their respective surgeries (gromet insertion for glue ear and tonsillectomy). This experience provided me with invaluable insights into pediatric anesthesia and has furthered my interests in potentially starting specialty work in this field. Furthermore, I was able to broaden my surgical exposure by observing orthopedic surgeries including a giant cell tumor removal and trigger finger repair.

Prior to starting my elective, I realized the importance of preparing myself linguistically to converse with medical professionals, patients, and locals. To do this, I dedicated time, using resources such as Duolingo to improve my Spanish vocabulary and fluency. The clinical exposure I had during my elective itself allowed me to enhance my medical Spanish and this was complemented by my conversational Spanish which I was able to refine through daily interactions I had with the individuals whom I resided with.

Out with my medical endeavors I have had the opportunity to explore the beautiful country that is Chile – from hiking and driving up mountains to witness the breathtaking views of Santiago to indulging in the amazing local cuisine, my favourite dish of which is caldillo de congrio, a very “good” lovely fish soup!

On reflection my elective has allowed me to develop both personally and professionally. Through immersing myself in a realm of new culture and language it challenged me to step out of my comfort zone, enhance my communication skills and build resilience which I believe are invaluable qualities of a future doctor. It has also equipped me with the skills and the mindset necessary to be a more compassionate and effective healthcare professional in an increasingly diverse and interconnected world. As well as this it has allowed me to deepen my understanding of the diverse needs and challenges faced by patients from different cultural backgrounds including ever changing health beliefs and a linguistic divide – two aspects of healthcare I had not been widely exposed to in my training in England.

In summary, my medical elective has provided me with a unique understanding of the healthcare systems within Chile, common reconstructive surgeries, and how an individual’s personal medical history influences their ability to have a surgery. Moving forward, I aim to continue learning Spanish through Duolingo and to adopt the skills and cultural understanding I have gained to provide compassionate and holistic care to my patients when I return to the UK to start my Job as a foundation doctor.