

SSC 5C: Elective Report

Location: Hospital Regional, del Cusco

Dates: 27th April -9th June 2013

Department: General Medicine

I was very grateful for the opportunity to carry out my medical elective in one of the largest and busiest hospitals in Cusco, a major city and tourist destination in Peru. I wanted to use this opportunity to gain as much medical experience as I could, but mainly to experience the healthcare system and conditions that I would not be able to in the UK. During the 5 weeks, I gained a major insight into the differences and similarities of the healthcare systems in Cusco and London.

Cusco has a population of approximately 360,000 and many of these people speak Castellano Spanish only. Before the elective, I thought this could be a possible limitation however it actually worked out to be beneficial. A few of the doctors could speak in English, so we were always up to date on the ward rounds and whenever we were with a doctor, but speaking to patients proved to be difficult at times as my Spanish is very basic. It did, however teach me the importance of non-verbal communication, which is a skill that I feel is important for all healthcare professionals to possess. It made me appreciate the services and facilities available to us in the UK, in particular the variety of different translation services.

There were many things that I was both surprised and interested by during my placement. During ward rounds, even when the doctors were speaking in Spanish, the majority of the medical terms were English so it was easy to pick up what was happening. This placement made me appreciate the healthcare system in the UK. One thing that I learnt to appreciate about the healthcare system in the UK was hygiene. Since my first clinical placement in 3rd year the importance of hand hygiene and 'bare below the elbows' were enforced, hence washing hands and rolling up sleeves is something that is now second nature to me. However in this hospital in Cusco, it was rare for doctors to wash their hands between seeing and treating different patients, which was somewhat of a shock to me. Patient dignity is something else that isn't as strictly enforced in Cusco as it is in the UK. The layout of the wards is similar, however there are no curtains between beds, which means that patients in neighbouring beds are able to hear patient-doctor conversations and are able to see patients being examined. This was something else that was a major surprise to me, having only worked in hospitals in the UK. Examining a patient without the curtains drawn in the UK is strictly not allowed, for patient confidentiality, comfort and privacy however in Hospital Regional there is simply no patient privacy, however this is seen as the norm. There were times when there were up to ten people as part of the team on a ward round. This is very rare in the UK as the number of people seeing a patient is kept to an absolute minimum for patient comfort in clinics and ward rounds, which can sometimes mean medical students, are the ones that are left out. There were

often six medical students as well as the rest of the medical seeing patients during a ward round.

I was also surprised to see that medications such as antibiotics that are prescription only medications in the UK can be bought over the counter in Cusco. This was a major surprise to me as this means that anybody can buy these medications regardless of whether they actually need them, which in itself can cause medical problems. Family members are often told to go to the pharmacy to buy medication for a patient on the ward, which is very different when compared to receiving medication on the wards in England.

I saw range of conditions while on the wards and in clinics. All the doctors there were very passionate about their field and willing teach. They also made an effort to organise for me to spend time on other wards such paediatrics and obstetrics. During my paediatric placements in medical school, I have been very unfortunate as there have been very patients on the wards, however in Peru I saw a young boy with Guillain-Barre syndrome and many children with pneumonia. One of the most interesting things that I saw was a patient with infective endocarditis with many of the classic textbook signs, which I have learnt a lot about but never witnessed. On auscultation, aortic and mitral regurgitation were heard. The patient also had Janeway lesions and Osler's nodes, two signs that I have never seen before.

One condition that I saw while in Cusco and will probably never see in the UK was Leishmaniasis, an infection spread by sand flies. There are different types of Leishmaniasis. The type that I saw is cutaneous Leishmaniasis, which is the most common and type presents with skin sores. Leishmaniasis is particularly common in the jungle area and other types of Leishmaniasis can be fatal, however there is no vaccine to prevent it.

I witnessed many conditions that are prevalent in both Cusco and London. An example of a condition that is common in both countries is diabetes, however the presentation for it is very different between countries. In Cusco, there are many people with diabetic complications such as ulcers, as many people present late or are unable to afford medication or have different health beliefs.

Overall, I felt that I gained a huge amount of experience and thoroughly enjoyed my time in Peru. My communication and examination skills were able to develop further and improved and I was able to see many things that I have not seen before. Seeing the differences between a hospital like this in a less developed country made me appreciate what we have here in the UK. We take facilities such as x-rays and MRIs for granted, while in Peru patients have to be sent to different hospitals for what we would class as simple imaging before a definitive diagnosis can be made. I feel that I will use all of these experiences in able to better myself as I begin my journey as a doctor in the UK.