

STUDENT SPOTLIGHT

Elective stories

Organising your junior or senior elective is no mean feat. There are plenty of factors that come in to play; choosing a medical specialty, deciding whether to stay at home or go abroad, finances, learning objectives and safety regulations. We have compiled a collection of short elective summaries completed by Glasgow university students in summer 2023. We hope this provides you with some inspiration for organising your elective in summer 2024. Dr. Craig Napier and Nicola Cumming are extremely helpful when it comes to answering elective related questions. You can email them at: med-sch-outgoing-electives@glasgow.ac.uk

The Amazon, Peru, Laura Scobie

I step outside to witness the golden sunrise reflecting on the muddy amazon water. It is another morning in the rainforest and there is another community to provide a healthcare service to. We run through the village taking care with our steps as there is always the risk of snakes being on the path; it is starting to get warm and in the humidity you quickly get sweaty. We stop and buy coconuts from a local family; the refreshing water cools us down. Village life is basic and varies from village to village with some having water running to their self-built wooden homes and others having to collect water from the river. Again, some homes have access to electricity from a central generator or solar panels but many people do not. Most families live off the land and all the money that they have is in their back pocket.

Morning clinic begins and a mum arrives with her four children. Common complaints are headaches, fatigue or joint pain. When exploring the life style of patients it is easy to see why many people suffer from these complaints; working in the heat of the day doing manual labour and drinking little water. Iron deficiency is also common as iron rich food is not often in their diet.



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We screened all children for anaemia by looking for conjunctival pallor and tested their haemoglobin if we felt it was necessary. We had to presume anaemia was due to iron deficiency as there were no other tests available to us. All patients received a multivitamin and for those children under five who could not swallow a tablet, we would prescribe syrup as per their weight according to the BNF and boat guidelines.

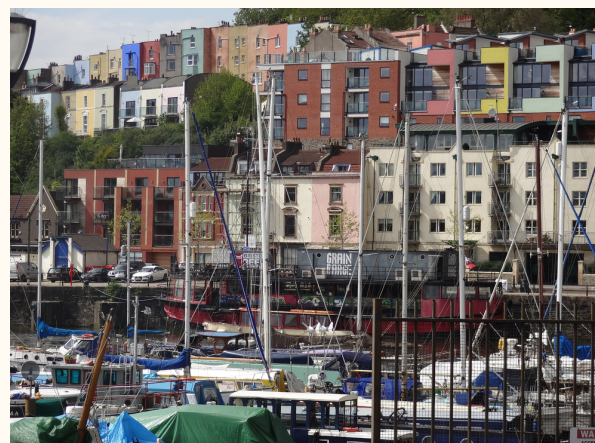
Although practicing medicine was challenging at times due to limited testing and ability to follow up, one big success is the dental service. There is an excellent dental suite on board with room for two patients to receive treatment. Without this the patient population would have no access to dental care; being a population with poor general dental hygiene, this is vital to overall patient health. It was a privilege to work alongside Peruvian employees and volunteers and to be embraced by their families and to explore their culture.



Bristol, Heather Hamilton

I did my senior Elective in Bristol in Critical Care and Anaesthetics. I decided to stay in the UK for a number of reasons and still managed to get away before and after my elective for a break before starting back for 5th year!

The hospital I was at was the major trauma and neurosurgery centre for South-West England which meant I got to be involved with the care of many complex patients. The teaching was excellent and very hands on, especially in theatre where I was encouraged to get IV access, draw up drugs, intubate, and get involved in more complex procedures.



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I got to see some operations that, within the UK, are only performed at the hospital I was based at. In the ICU I examined patients during rounds, practiced US-guided cannulas, and got involved with the emergency crash team for the whole site. The timetable was extremely flexible, and I got to choose which theatre sessions I was interested in, what days I wanted off, and when I wanted to be in ICU.



The anaesthetics department also had three coffee machines and (a very nice – I’m talking Sourdough and smoked salmon) lunch was bought by the consultants once a week so that was a bonus!



Staying in the UK certainly had its benefits for me. I was able to spend time with family and friends that I hadn’t seen properly for a few years, and the experience helped me to solidify my Foundation Year rankings. I spent my weekends in London, with family in the local area, and Cornwall which was only a couple of hours away from Bristol.

Uganda, Anna Kyle

For my senior elective, I travelled to Kiwoko Hospital, in a rural town in Uganda for a five-week programme of paediatrics and general medicine. This was a community-based hospital with an emphasis on spiritual as well as physical health. Placement would begin with 8am chapel, featuring specials run by various departments who took joy in dancing or dressing the medical director up as Jesus. After this, we would attend the doctor’s meeting to handover patients over local chapatis and samosas and we received teaching on professionalism.



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Following this, we headed to the wards, divided into male and female rather than specialities. Patients were only paediatric if under five years of age, and on the 'ward round', children were brought to the doctor's desk. Besides regular placement, one weekend there was a 'medical mission', in a neighbouring village to run a mass screening programme. This was run under the trees, until nightfall when we had to use phone torches to see the paperwork. At this, I ran a paediatric clinic with a translator, and was able to amuse the children by creating balloons out of gloves!

The elective provided a fascinating glimpse at healthcare in a resource-poor country. Healthcare was only partially subsidised with patients charged for even the gloves used by staff, so often patients would only be able to afford a consultation without investigations or treatment. On days, the hospital ran out of essentials such as oxygen, imposing ethical dilemmas. Cultural beliefs encountered could be difficult. For instance, epilepsy is stigmatized as a mental health condition, or attributed to demon possession, and was at times 'treated' with boiling water to terminate a seizure. Women were often treated as property whose husbands could dictate when and to what extent they received medical treatment. It was an eye-opening elective, but thoroughly enjoyable.

