

ELECTIVE (SSC5c) REPORT (1200 words)

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

1) The project that we undertook for our elective in Brazil was a telehealth research project conducted by the university in Porto Alegre, Pontifícia Universidade Católica do Rio Grande do Sul (PUCRS). The premise of the project was to travel to rural communities in the Brazilian state of Rio Grande do Sul and conduct cardiological and dermatological consultations, taking an ECG along with a digital photo of it or taking photos of any dermatological lesions depending on the nature of the consultation. The photos were then sent back to the specialist cardiologist or dermatologist in Porto Alegre along with an extensive history for a diagnosis to be made and a treatment plan to be initiated. While in Brazil I noted that there are a large number of similarities with the cardiological problems seen. Many of the patients that we saw had some aspect of ischaemic heart disease as well as multiple cardiac risk factors such as hypertension, hyperlipidaemia, and diabetes. This was not entirely surprising as during our time in Brazil we noted that the diet in the country was had a very high salt and fat intake. From a dermatological point of view we saw a vast array of conditions from what we suspected was psoriasis, to skin cancers, to vascular ulcers. Again many of these conditions are seen commonly in the UK. However in Brazil I noted that there was a high rate of skin conditions that were related to excessive sun exposure. This is obviously due to the environment of the surrounding areas. In the southern Brazilian state of Rio Grande do Sul the climate is very dry and sunny. Furthermore the majority of the patients that we saw were farmers who worked long hours in the sun without much protection. An odd phenomenon that we saw came one day when we were conducting dermatology consultations in a rural farming community. Here we saw roughly twelve patients and of the twelve we saw six to seven cases of psoriasis.

2/3) Travelling into the rural areas of Brazil opened my eyes to the vast health inequality that exists in that country. In the UK, as the country is quite small the population is quite close. This allows for health care resources to be distributed equally amongst most of the population. In addition to this the NHS in the UK is something that is foreign to Brazil. In Brazil there is a very small public health care sector with a large proportion of health care being funded privately and through insurance. The results in major health care centres being stationed in the major cities throughout Brazil. In the impoverished areas there is less money and therefore medical services are more sparse as they are less inclined to establish services there as they would not make as much money. This was evident during our mission we saw many patients that had been neglected specialist care who were in obvious need of it. For example, we saw a lady in a rural farming community that had what we thought to be psoriasis on her abdomen and back. Upon further questioning she stated that she had not been seen by a dermatologist in the past and that she had been suffering from this condition for the past 11 years. This was also evident with cardiological conditions that we saw as well. One instance that comes to mind was when we were conducting our cardiology ECG and triage clinic in a rural community. While we were doing this we saw a lady come into the health centre that was in obvious pain clutching her chest. We were asked to look at the ECG and it was clear that given the patient's presentation and a new left bundle branch block on ECG that she was having an Acute Coronary Syndrome. It became apparent though that there was very poor resources in this facility which was dubbed a hospital with no simple analgesics and poor oxygen delivery. There was not even a doctor on site to assess the patient. We were also given a tour of the main teaching hospital in Porto Alegre. Here we really saw the divide of public and private health

care sectors. Within the same hospital both private and public patients were treated and the divide between the two socio-economic groups as well as the treatment that they were receiving was immense. The two groups were separated by one floor. On the private care floor patients were allocated a private room and received care very promptly. The rooms for these patients had nice amenities. In the publicly funded rooms 4 patients were in close proximity with one another and there was no curtains or any means of having any privacy. The telehealth services that we provided was very rewarding as we were able to help get necessary treatment that they had been neglected. Without the mission I do not think that treatment would have been given to these patients.

4) During the mission we were required to change the way we conducted our consultations. This was mainly due to the fact that as six UK medical students in Brail we were on the otherside of the language barrier that we are so familiar to seeing in East London. Because of this we had to conduct the consultations and ask our questions to the patient through a translator. This was a very useful experience and I was glad I could work to develop this skill. This was something that we have had minimal training at medical school and a skill that will no doubt be useful in my career. I learned that when using a translator it was necessary to used more closed questions to direct the consultation in a more focussed manner. This helped keep the patient talking about the presnting problem more. During the mission I was also able to improve my diagnosis of dermatological conditions. In addition to this I also felt that my ECG interpretation skills improved as well. We were able to discuss each case and patient that we saw with our group which allowed us to work in a multidisciplinary team environment. This allowed us to gather our opinions and differential diagnoses for each case. Overall the experience of running our own consultations and coming up with our own impressions was a very good experience that will no doubt help with our skills that are require for our careers as phhysicians.