

Presentations by the recipients of the Society's Student Travel Fund Grants.

The meeting commenced with Dr Shetty, President of the Society, presenting a medal and cheque to Dr Jenna Powell for the best results in Finals.

Dr Shetty then presented bursaries to the following students, before the students gave their elective presentations:

-Bethan James

-Rebecca Houlton

-Nick Hearle.

1. Bethan James

An elective in Ghana

Bethan started by reminding us of some information regarding Ghana. It is located in West Africa and has a population of 23 million. Its capital is Accra. Although the official language of Ghana is English, there are more than 250 different languages spoken there.

Bethan had chosen to spend her elective period in Ghana as she had never been to Ghana, she wanted to spend her Elective in a developing country and she had a special interest in paediatrics. The elective was organised through the "Work the World" organisation and was based in the Cape Coast. She spent 2 weeks at EWIM Clinic, 5 weeks at a central regional hospital and 1 week at Hemang rural village clinic.

Bethan described how she spent some time running a general outpatient clinic, doing some laboratory work and performing deliveries on the Obstetric wards. She also spent some time in A&E and then on the paediatric wards. Ward rounds on the paediatric wards commenced at 6.30am and were followed with clinical tasks and taking bloods. Bethan described how she would help with escorting children to x-ray and even helped decorate the paediatric ward!

Bethan had planned to pursue an elective project on special needs children in developing countries. However, she admitted how difficult it was to achieve her aims – children with severe special needs were sent away to institutions and many with mild difficulties were not diagnosed. Healthcare in Ghana is not free and many cannot afford to seek help for their children with special needs.

Bethan lived with a Ghanaian family for 1 week, learning their way of life and working in a rural clinic. Most rural clinics are nurse led.

Bethan closed by describing the culture shock she had had in Ghana – experiences such as Witch doctors practising, lack of healthcare in rural areas, no NHS and being allowed to do everything.

2. Rebecca Houlton

Investigating intrapartum care in India

Rebecca started by explaining her choice of elective project and location. Intrapartum care is an important and topical issue and the WHO has identified the high rate of women who die in pregnancy and childbirth in developing countries. Currently in India only 60% of women have any antenatal and intrapartum care. Over the past decade many health initiatives

have been designed to promote use of facility based intrapartum care eg National Rural Health Mission. Rebecca has a personal interest in Obstetrics and Gynaecology, which was another reason that she wanted to pursue an elective project investigating intrapartum care.

Rebecca followed 40 women following admission through their labour in 2 different sites.

- a. 20 women at Lady Willingdon Hospital (LWH) in Manali. A 50 bed mission hospital. Care had to be paid for but was subsidised. The hospital relied on charitable donations.
- b. 20 women at Christian Medical Centre (CMC), Vellore.

The results were as follows:

LWH: 65% had previous antenatal care

No ladies received pain relief

1 female relative allowed at the birth

2-3 nurses helped deliver the baby, there were doctors on call

35% had LSCS (annual rate was 37%)

55% born at term, 30% preterm

Average gestation 36 weeks

CMC: 95% had previous antenatal care

85% had no pain relief, 15% entonox

1 female relative allowed at the birth

2 obstetricians led each delivery with 5 nurses helping

15% had LSCS (annual rate 29%)

85% of babies born at term

Average gestation 38 weeks

Rebecca concluded by noting the following:

- there was good quality intrapartum care at both hospitals
- some questionable practices , shaving/enemas
- Possible lack of support, with husbands not allowed to be present
- high LSCS rates, but both were tertiary referral centres
- the need for primary prevention and better antenatal care for ladies from low income backgrounds was highlighted.

3. Nick Hearle

An elective in Lesotho

Nick started by giving us some information on Lesotho and its location. Lesotho is a mountainous country about the size of Wales. It is a British protectorate but has a King, King Lesie 3rd who recently visited Ammanford in South Wales! It is a poor country and Nick compared the GDP of Lesotho (1,598 million US dollars) with the GDP of UK (2,804,000 million US dollars) and USA (13,807,000 million US dollars).

The elective was based in Maluti Hospital. The hospital is a 7th day Adventist hospital which was established in 1951. It has 160 beds and there are 5000 admissions to the hospital each year. Between 10 and 15 doctors usually work at the hospital and 80 nurses/student nurses.

Nick described the HIV problem in Lesotho with 23% of the population being HIV positive (70% of the inpatients). There were 1200 new diagnoses of HIV in 2003.

Nick described a typical day at Maluti Hospital. The outpatient clinic was open from 9-5.30pm. There were 4 consulting rooms and 1 emergency room. The official language in Lesotho is English and the medical notes were in English, although most of the population don't speak English.

Nick described a very steep learning curve – he was given a lot of responsibility, thrown in at the deep end and sometimes working alone.

He saw a huge amount of pathology in a short time. He described the outpatient experience of diabetes, hypertension, UTI's and URTI's. He saw admissions with TB, HIV, malnutrition, abscesses, fractures, acute abdomen, ruptured ectopics. Additional services at Maluti were ophthalmology services, outlying clinics/HIV education and school of nursing.

By seeing so many patients and so much wide ranging pathology, Nick felt that he had gained a lot of experience. There was some lack of supervision and huge responsibility but Nick felt this had the effect of increasing his confidence.