

## SFOU report – Roxanna Abhari

I was extremely grateful to receive financial support from SFOU for my medical elective this past summer. I apologize that this report has come later than expected. I have started working as a junior doctor in Edinburgh, Scotland, and it has been more difficult than anticipated to find a time to write up this report.

I finished my medical school finals at the University of Oxford in the Spring of 2023, and then was given up to 10 weeks to explore a medical interest in a different healthcare setting. I spent three weeks in Zurich, Switzerland (my hometown) and the Universitätsspital Zürich in the plastic surgery and gastroenterology departments, and then I spent 6 weeks in Medellin, Colombia in the Emergency Department and in the Intensive Care Unit. I had a wonderful experience, and I learned a lot. This trip would not have been possible without the support from SFOU, and I am exceptionally grateful.

### Switzerland

Even though I grew up in Switzerland, I left to study abroad, so I had never spent any time in a professional setting in Switzerland. It was interesting to compare the hospital environment in a big teaching hospital in Zurich and in Oxford. There were some similarities: both offered many teaching opportunities, and the hospitals were set up similarly. But there were some notable differences. For example, the staffing was much better in Switzerland, and there would be multiple doctors covering a ward of 15 people. In the UK, I am often alone covering a ward of 30+ patients. This difference means that the workday is more relaxed in Switzerland, and it is common for the whole team to take a lunch or coffee break together. I have yet to see that happen in the UK. Another notable difference was the hierarchy in the hospital. Hospitals are notoriously hierarchical in general, but I noticed that the hierarchy is significantly flatter in the UK compared to in Switzerland. For example, in the UK, it is common for junior doctors to address senior doctors by their first name. In Switzerland, the distinction between junior and senior doctors was much more apparent: junior doctors sat at the back of the meeting rooms, with senior doctors at the front, and they were always addressed formally with their last name.

### Colombia

I also spent 6 weeks in Colombia, where I was in the Emergency Department and in the Intensive Care Unit. My objectives for the elective were to experience hospital life in Colombia and to improve my conversational Spanish and learn medical Spanish. My experience exceeded my expectations. I spent 4 weeks at the Pablo Tobon hospital in Medellin, which is ranked one of the best hospitals in Latin America. I also spent 2 weeks on ICU in Chia, a small city outside of Bogota.

I spent most of my time in Medellin, one of the biggest cities in Colombia. Medellin is mainly famous for being the founding place of the Medellin cartel, Pablo Escobar's drug cartel which was active in the 1980. At one point, this cartel made Medellin one of the most dangerous cities in the world. You wouldn't know that now. The city is very active and crime rate is relatively low. However, the perception of Medellin as a "very dangerous city" still persists. I was told by multiple people not to walk home from the hospital, even though it was a 10-minute walk in a very residential area, and we passed multiple schools. The city itself is affectionately called "the city of eternal Spring" for its mild and pleasant weather. It was around 25C and sunny almost every day. The city was colourful and vibrant, had a very practical and cheap metro station, and many weekend trips within an hour or two drive. I had lots of time to explore the local city and eat the local food.

I was at two hospitals, which gave me slightly different experiences. In Medellin, Pablo Tobon was an exceptionally nice hospital. The building and facilities were significantly more modern than in Oxford. Everything was bright and new, each patient on the ward only shared a room with one other patient, and the food options in the hospital were great (all the hospital staff received a free 3 course lunch every day). The hospital is a teaching hospital, and they took teaching seriously. It was very common to see a patient in ED, and once they're let back to the waiting room, to turn the case into a teaching opportunity and discuss differentials, investigations, follow up. The medical students at Pablo had a full teaching day every Thursday. There were themed days (cardio, neuro etc) and a consultant would run case-based teaching in the morning, followed by a SIM session in the afternoon. As an example, for our cardio teaching session, we spent the morning discussing acute heart failure cases and spend the afternoon in an arrhythmia SIM session. These teaching sessions were invaluable learning opportunities for me, and I didn't anticipate I'd learn that much medicine on elective. In contrast, my hospital in Chia offered a different experience. I was in a much smaller hospital, and the resources reminded us more of a typical NHS hospital. I was on ICU here – I'd never done an ICU placement, so valued the opportunity to experience what critical care was like. Because I'd spent a month in Colombia by the time we went to Chia, I felt more confident with my Spanish and my understanding of how Colombian hospitals worked, and I was able to have my own patients that I examined and presented on rounds. I enjoyed following up the same patients over multiple days and I felt like I could advocate for them more easily because I knew their case well. In general, the doctors in both Colombian hospitals were exceptionally warm and positive – we received many hugs on our first day and there were always multiple doctors that were keen to include and engage us. In some ways, working in Colombia made me excited about work next year and in other ways, a bit sad about the working conditions in the NHS and how demoralised people can be working in the UK.

There were some significant differences between how healthcare was delivered in Colombia compared to the UK. In general, the junior doctors (and sometimes even final year medical students) had a lot of independence, and many decisions were made that would have been escalated to more senior doctors in the UK. I was surprised that a lot of the pathology we saw in ED was similar to that the UK: acute heart failure, MI, lots of strokes. However, in Colombia, many patients were younger when they presented (ie 40 year old stroke and MI patients) and their pathology was more advanced, compared to in the UK.

### Summary

Overall, my experiences in Colombia and Switzerland were very positive. In Switzerland, I experienced the working day of a junior doctor and what my job would be like if I moved back to Zurich. In Colombia, I learned about the Colombian healthcare system, learned lots of medicine, and significantly improved my medical and conversational Spanish. I am very grateful for the support from SFOU to allow this trip to happen.