

AMSF Travel Scholarship 2015

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SSE Rotation 1, Jan 19- Feb 13

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London: home to Big Ben, Queen Liz, Abbey Road, a large and varied community of refugees and vulnerable persons and, for four weeks in early 2015, one final year medical student.

For my student selective experience, I had the unique privilege of working along side experienced special interest general practitioners and nurse lead multi-disciplinary teams, observing patient care with some of London's most underserved populations: asylum seekers, refugees and others experiencing homelessness.

My GP supervisor, Dr Judith Eling, was kind enough to organize a complete and varied program for my four week elective, giving me a taste of a completely different side to London and medicine practiced at the fringes of the NHS with very vulnerable populations. Each day I would attend different clinics or visit hostels and made good use of my (rather pricey) Oyster card navigating the streets of inner London just south of the Thames.

Mondays I spent at Barry House, an initial accommodation facility for new asylum claimants. Here a GP, 2 nurses, health visitor, midwife take care of a fluctuating tide of about 180 claimants from all over the world taking refuge from a variety of situations. I quickly became familiar with the use of telephone interpreters and watched with admiration as the staff maintained a fine balance of screening processes, triaging acute medical issues as well as maintaining chronic conditions, all within very limited resources.

Here, signs and symptoms were more challenging for me to interpret and elicit in varied populations too. For the first time, I had to consider insect bites, pregnancy difficulty sleeping, pains, aches, coughs, STD checks, scabies, PTSD, open wounds, hallucinations and dental issues all in the context of a





past medical and personal history which may have included the patients' reason for seeking asylum and their process of arriving into the UK. How does one interpret a patient's presentation in the context of their experiences of their recent journey to the UK, maybe of torture or trauma, or of human trafficking, or rape or domestic violence or female genital mutilation? I also brushed up on my geography and appropriate global health epidemiology with patients from

Lanka, Mongolia, North Korea, Congo, Ghana, Georgia, Ukraine, Cameroon, Vietnamese, Tunisia, Eritrea and further afield.

On Tuesdays and Fridays, I was hosted by the Brixton Refugee Health Service based at Pavillon Medical. This was a service of general practice, nursing and social work provided for more long term destitute asylum seekers and refugees.

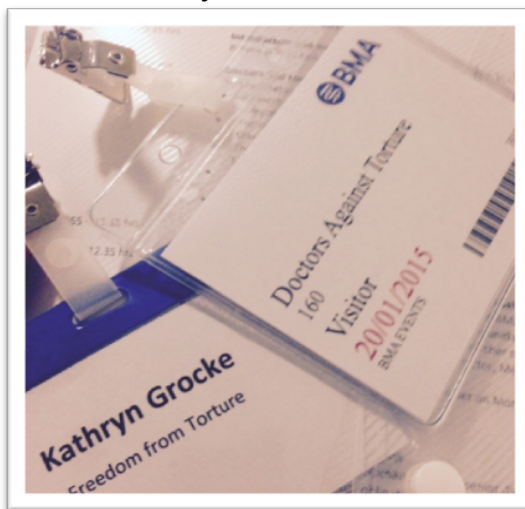
Here, patients were offered care if they were unable to register with the conventional NHS system and there was a focus on chronic issues, with a special in particular on mental health management, often a major contributor to continuing destitution. Also underway was a newly instituted TB screening process using IRGA testing, good revision for my infectious disease knowledge! My history question repertoire was expanded to include evidence based phrases such as 'Have you eaten breakfast today?' and 'Did you eat anything yesterday?', highlighting the importance of social and housing factors contributing to patient health outcomes.



Wednesdays I spent with the Homelessness service, visiting a variety of hostels and day centres servicing very unique and specific client groups. I will always remember my first week, where the accommodation provided was restricted to women currently sex working and using Class A drugs, and discussing the challenges and importance of providing client acceptable and effective contraception to this patient group with my supervisor. On these midweek visits, I also learnt the important role of safe guarding and harm minimization

through health interventions-challenging for patients without a fixed address.

Finally, I was very lucky to spend my Thursdays with the NGO Freedom From Torture, an independent body working therapeutically and forensically with survivors of torture. In my first week in London, I attended a conference day at BMA House, hosted by the BMA ethics team, Freedom from Torture and Amnesty international. A challenging day focusing on 'Doctors Against Torture', I learnt about the historical context and present day involvement of medical professional in the assistance, prevention and documentation of state based torture. Surrounded by passionate and committed doctors (forensic and GP), we discussed medico legal documentation, human rights, ethical obligations and forensic medicine. Following on from this in subsequent weeks, I was able to sit in on initial consultations for forensic medico legal reports prepared independently by medical practitioners for asylum cases and this was a unique opportunity to observe patterns of injury and the effects of PTSD on one's ability to take a history.



With so much happening from day to day in such a variety of clinic situations, my 4 weeks were always memorable. My experience of resource limited global medicine in a first world context provided a wealth of learning opportunities and the colourful, if often tragic histories of the patient group was a rewarding setting to completed my selective experience. This opportunity has proven especially timely as 2015 has unfolded with Australia's asylum seeker policy affecting those providing healthcare and Europe's continuing migration crisis. Thank you so much to the Adelaide Medical Student Foundation for your support of this experience! Your financial backing gave me the chance to not only pursue this unique placement, but also provided transport and a roof over my head for the four weeks, something that I appreciated immensely and that many of my patients lacked on a day to day basis.