



SCHOLARSHIP REPORT

This report should be completed by recipients of awards and scholarships from the Royal College of Physicians and Surgeons of Glasgow on completion of the activity for which they received their award or scholarship. Please complete all sections of the report form.

Please return your completed report via email to: **scholarships@rcpsg.ac.uk**

Or via mail to: **Scholarships Committee Administrator, Royal College of Physicians and Surgeons of Glasgow, 232-242 St Vincent Street, Glasgow G2 5RJ, UK**

Please use typeface when completing this form.

SECTION 1 PERSONAL AND AWARD DETAILS			
Title	Mr	PID	144174
Surname	Clarke	Forename(s)	Louis
Scholarship/award awarded	2020 Elective scholarship	Amount awarded	£1,000

SECTION 2 PROJECT/VISIT DETAILS	
Name/Title	Voluntary medical placement with MVI, an NGO supporting displaced people in Athens.
Location	Athens, Greece
Aims and objectives	<p>[As stated in Scholarship application]:</p> <p>Overall aim: To gain experience of medicine in the humanitarian setting, and to support refugees and those seeking asylum in a clinical capacity.</p> <p>Educational objectives:</p> <ol style="list-style-type: none"> To obtain experience of working with an organisation that supports refugee and asylum seeker populations in Greece. <p>I will be joining Medical Volunteers International (MVI) - a team of international doctors, nurses and paramedics who run medical outreach programs in the city of Thessaloniki, Greece. MVI also supports medical care in the nearby Diavata camp which is currently home to over 2,100 refugees. The team runs primary care clinics providing basic medical care and advice to destitute people, asylum seekers and refugees who struggle to access healthcare services. My role will be to shadow doctors and assist them with the running of these clinics. The organisation works in collaboration with Greek and international NGOs to provide other vital health services such as vaccination programmes, antenatal and postnatal care and support with mental health, drug addiction and chronic conditions. MVI also operates in Athens and on the island of Lesbos, and medical supplies for these places are coordinated from Thessaloniki. I'm hoping to spend time helping with this side of the program, thereby gaining experience in the more logistical and administrative areas.</p> <p>Working with this organisation will be an incredible opportunity for me to experience what it's like to work in a medical capacity with asylum seekers and refugees in a non-UK setting. I will gain insight into the strategies required to successfully run long-term aid programs, as well as the realities of working as international doctors in these settings.</p> <ol style="list-style-type: none"> To deliver sexual and reproductive health-promotion sessions, and to learn about

the sort of provision in place in Thessaloniki for those who need this support.

People in displaced populations are known to be at increased risk of sexual violence, sexually transmitted diseases and poor reproductive health outcomes. Through researching and writing my paper on the reproductive health of displaced populations I was struck by the disparities in reproductive healthcare provision for displaced people worldwide. Much has been done in the past twenty years to improve sexual and reproductive health (SRH) services in the humanitarian sector, but reports show that inequalities remain, especially amongst displaced populations. I am therefore very interested to learn about the networks in place to provide people with SRH care in Thessaloniki, and to compare what I find to my research on Colombia's urban displaced. I have been in contact with the MVI team to ask about running small workshops or teaching sessions on sexual health promotion, if they thought there was a suitable demand for it among their service user groups. I will also ask about whether raising funds to distribute condoms to people alongside basic SRH advice would be useful. I am prepared to collaborate with doctors involved in SRH who I have met during my studies to ensure that I am best equipped to run this kind of session. The chance to accompany healthcare professionals on antenatal home visits will be a nice continuation of my clinical learning and interests this year in obstetric medicine.

3. To practice my clinical skills and history taking, with an emphasis on cross-cultural communication and working with vulnerable people

The majority of my time on this placement will be spent in a mobile clinic offering primary care style management of acute and chronic conditions. Although I predict a lot of variation from the sorts of presentations I dealt with in my GP placement, I am keen to once again be working in a primary setting. For me this will allow improvement of my communication skills, with an increased need to quickly establish trust and build rapport. An added element of difficulty, as I have experienced both in the UK and through my time in Greece, is communication with language barriers. Being able to take a history and explain yourself to patients through non-verbal and translated communication is an acquired skill, which I will be able to practice on this placement. Through my experience offering healthcare advice to refugees in Manchester I learnt that most people's complaints were related to poorly controlled chronic conditions and problems with such as dentition. I think its therefore very important not to forget that displaced people still have chronic health conditions which need managing, and I'm looking forward to seeing how this is done in the mobile clinics. Similarly, care of chronic wounds, managing infection and practising examinations will be incredibly beneficial for my clinical learning. I think its important to say that I will never be asked or expected to do anything that I'm not trained and qualified to do in the UK.

Conclusion:

The provision of healthcare among displaced populations is known to be of a lower standard globally for a host of reasons that are often difficult to overcome due to the violent and unstable nature of displacement. Asylum seekers and refugees often have complex health issues which require specialist management. The opportunity to undertake a clinical placement and see this in action will be invaluable for my future career. I hope to use the knowledge that I have acquired through my Global Health degree, alongside my experience in a voluntary capacity, to provide a meaningful contribution to my chosen charity.

Summary

Include methodology, results and conclusions if applicable

Due to the COVID pandemic I was able to volunteer with MVI for a longer period of time than originally planned, after two weeks of quarantine upon arrival in Greece I was moved to work with the Athens branch of MVI due to low team numbers as a result of national lockdown restrictions. The Athens MVI team was one of the only NGOs still functioning throughout the lockdown in Greece, providing displaced individuals in camps and within the city with primary healthcare and support in accessing specialist services.

Due to the strict nature of the lockdown a teletriage system was adopted, and while in Athens I took on responsibility for managing communication with patients and referring them into our clinics or onto other organisations. We worked alongside international and national NGOs such as MSF and MDM. I developed a comprehensive understanding of the Greek healthcare system, making daily referrals into their specialist services, accompanying patients to the emergency department, and registering families with their GP-equivalent family doctors. I signposted individuals, families and other organisations to partner groups who provided psychological support, dental care or legal and social services. Each day the teletriage WhatsApp would have 10-30 new messages which needed reviewing and following up on. I proposed and initiated a follow-up project which aimed to critically appraise the referrals system used by MVI; it provided data on the success rate of referrals and allowed us to reconnect with patients whose medical problems hadn't been solved.

MVI ran clinics in the city and I assisted with the running of these; managing patients lists, supporting the senior doctor to see patients and COVID-screening at the door. We ran clinics in three of the refugee camps in and around Athens, working closely with partner organisations within the camps to carry out rapid assessments of new arrivals and to set up mobile clinics where we could treat or refer people within days of their arrival. The team in Athens was small – for the majority of my time there were 4 of us working – so we had a lot of responsibility and agency when it came to deciding where to put our resources and time. I actively contributed to feedback about the project on a week-to-week basis adapting to the changing demands on our team

I joined a street outreach team three times a week to provide basic first aid and wound care to street connected people around the city, many of whom were drug users, refugees and sex workers. I dressed wounds and personally followed up on the care of a number of individuals while I was in Athens and had very heart-warming results from a few patients I worked closely with. One man, Mr A, was a refugee from Afghanistan who had been in Athens for three years, he was homeless and used drugs on the street. When me and another volunteer first met him he was semi-conscious, in extreme pain and had an external fixator cage on one leg with open wounds and pins exposed. Over the next week we accompanied Mr A to hospital a number of times, eventually organising the surgical removal of his pins and ensuring he had antibiotics and follow-up care. This was no easy feat, as the doctors in the hospital were extremely quick to turn away this sort of patient – homeless, a refugee with no papers, and a history of drug use. We kept in contact with Mr A up until leaving Athens, attempting to get him into a hostel for the homeless where he could receive care, but this was frustratingly unsuccessful. With the outreach team we also distributed condoms and clean needles, we provided healthcare navigation advice to people and helped with distribution of food.

A number of individual stories stick with me from this experience; two brothers losing their fingers to frostbite, women giving birth on boats and caring for their babies on the street, the faces of families all effected by scabies but with nowhere to wash or receive treatment. Overall however this experience gave me an insight into the magnitude of the current ongoing refugee crisis, the thousands of individuals who make up the singular term 'refugee'. I have seen first-hand the frustration and bureaucracy involved in trying to run

an NGO and provide humanitarian assistance in an international setting. I have been encouraged to pursue my goals more than ever before, and I will always be grateful to MVI for providing me with this opportunity.

Learning outcomes

Detail here how the aims and objectives were met

My primary objective was to gain experience working with an organisation that supported refugees and asylum seekers, and I certainly achieved this. After two months I had a realistic insight into the demands and strategies required to run long-term aid programs. I felt a valued and much needed part of the team, especially due to the COVID pandemic and low numbers of medically trained people volunteering at that time. I was also able to work closely with other NGOs and groups operating in this field, this gave me an amazing experience in the logistical aspects of aid work, and through this I forged good working relationships with a number of partner groups.

I was able to work in an aspect of sexual and reproductive health that I did not foresee myself doing, through my work with the street outreach team. We supported sex workers with wound care, contraception and healthcare advice three times a week. I was also involved in triaging and arranging gynaecological referrals for many patients, this included booking translation services, ensuring appointments were attended and supporting with medications afterwards. It was unfortunate that I was unable to deliver any teaching or health promotion sessions around sexual and reproductive health while in Athens, however I felt fortunate enough to contribute to the provision of care during my time there.

My third objective is perhaps the one I feel I benefited from the most during this experience. I was able to work six days a week with people from a huge variety of cultural and ethnic backgrounds. Working with individuals and families who have lived through traumatic events requires careful and sensitive communication. I feel that my skills in communicating have improved dramatically, as has my awareness of culturally sensitive issues. I have also become aware of how difficult it can be to hear about peoples' trauma, and to see the effects of hardship and displacement every day. This was a valuable lesson for me, and a reality check about the demands of this sort of work.

I saw how the biggest issue facing most of the people we met was the lack of provision of medical care for non-communicable diseases and chronic conditions. It was highly ineffective to provide people with a weeks supply of anti-hypertensives for example, but due to the nature of displacement and being constantly on the move, it was often

impossible for people to secure a long-term supply of vital medicines or treatment. I am aware that the prevalence of NCDs in displaced populations is increasing, and in many cases exceeding the rates of communicable disease which used to be the largest problem. It was therefore very interesting to witness first hand the huge challenge of providing people who have left their home countries with effective, long term treatment for NCDs.

Evaluation

How has this scholarship/award impacted on your clinical/NHS practice or equivalent?

I gained a lot each day that I worked with MVI. Practical skills which will be useful and directly transferable to my up-coming role as a junior doctor in the NHS. Some of the skills I developed were accurate and efficient communication while working with a range of interpreters, and Greek and other international organisations.

An understanding and confidence with referral systems, as well as experience communicating with partners and patients will undoubtedly support my role as a junior doctor and has given me greater insight into the need for cross-speciality working. Working in such a close team required tactful communication and constant reflection to ensure we were using our resources and time in the most beneficial and efficient way. I like to think that I will bring these practices to my future working environment. I saw the importance of reflection and appraisal of work, both on a personal level and a larger scale. In Athens this helped us to adapt to changing conditions, so improve our services and ultimately to support more people. In the NHS this sort of practice is vital to improving care, and to growing as a good doctor.

I have been inspired to finish my studies and work as a doctor in a way that I never have before. I was encouraged to apply for an academic foundation program with the hope of gaining more experience in leadership and healthcare management, so that I can contribute to the running of projects like this in the future. I want to become a competent and knowledgeable doctor, to work and gain experience in the UK so that I can put my highly privileged training to use abroad through work with displaced populations.







SECTION 4 | EXPENDITURE

Breakdown of expenditures

Please demonstrate how the scholarship/award funding was used to support your project/visit

Travel

Flights: £300

Internal travel: £200

Accommodation

Free of charge

Living costs: £500

SECTION 5 | PUBLICATION

Scholarship/award reports may be published in College News. Please tick here if you agree to your report being published.

I give permission for my report to be published in College News

If your report is selected for publishing, the editor of College News will be in touch to discuss this with you.

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