

The winner of this year's Nathan Burton Elective Prize in Primary Care is Tilly Gardener. She talks about her experience in India. 2024

I was grateful to be awarded the Nathan Burton Prize in Primary Care, which enabled me to travel to New Delhi, India, and volunteer as part of a slum outreach program. This initiative, established five years ago, is part of an ongoing effort to improve access, quality, and equity of healthcare for slum communities. In addition to attending slum clinics, I had the opportunity to tour various hospitals and observe surgeries in public, private, and government healthcare settings. These experiences provided valuable insights into the health inequities in India, revealing the complex interplay of social, economic, and systemic factors that affect access to quality medical care.

The patients I encountered in the clinics presented with a wide range of health issues. I met patients being investigated for infectious diseases such as enteric fever and hepatitis and learned about the management and burden of non-communicable diseases like diabetes. Throughout medical school, I have developed a strong interest in women's health, so I found it particularly intriguing to learn about local attitudes toward family planning, including the illegality of prenatal gender determination and the cultural perceptions surrounding contraceptives.

While working at the slum clinic, I also gained an understanding of the cultural beliefs and practices of the patients. On my first day, I was challenged to examine a child with conjunctivitis who was wearing kohl eyeliner, which tested my adaptability and taught me about the nuances of clinical etiquette in this population. Religion and culture played a significant role in shaping patients' healthcare beliefs, and I became familiar with traditional Ayurvedic remedies. By the end of my three-week stay, I was proud to have improved my basic Hindi, which helped me build rapport with patients. I also enhanced my non-verbal communication skills, particularly when administering intramuscular injections or measuring blood pressure, by demonstrating procedures with physical cues like mimicking the tight squeeze of a blood pressure cuff.

A significant challenge in slum healthcare was the lack of adequate medical records, which made it difficult to track patient histories, manage chronic illnesses, and ensure follow-up care. This was especially evident in elderly patients' homes, where comorbidities were common. Each elderly patient received a basic consultation, which included a review of symptoms and management of existing conditions. It was standard to measure blood pressure and take random blood glucose readings during these visits. Noticing that blood glucose results were being recorded without context, I helped implement a new patient summary system. This documentation will provide future volunteers and endocrinology specialists with useful information on patients' diabetes history, medication adherence, and previous results.

Beyond my medical work, I had the chance to explore India and create lifelong memories. Highlights included sunrise yoga in Rishikesh, attending a presentation by the Dalai Lama in Himachal Pradesh, and visiting the Taj Mahal.

During my time in India, I grew significantly in self-confidence and gained valuable hands-on experience assessing patients and performing basic clinical skills. My experiences in the slum clinics and hospitals highlighted the complexity and diversity of India's healthcare system. I now have a deeper understanding of the social determinants of health and the importance of delivering clinically competent care. I hope to maintain contact with the team in India and look forward to seeing the continued progress of the patient notes system.

