Medical electives scheme report:   
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## My elective experience:

In 2025, I had the privilege of being awarded the RCPath/ Microbiology Society bursary, which provided generous support for my elective placement at Scarborough General Hospital on the island of Tobago. I chose Tobago not only for its unique tropical climate, which presents a range of infectious diseases rarely encountered within the UK, but also for the opportunity to deepen my understanding of how a healthcare system addresses these challenges. This elective was invaluable in aligning my passion for infectious diseases and interest in emergency care with practical clinical exposure.

During my seven-week placement, I divided my time between A+E, where I spent four weeks, and internal medicine, where I spent three weeks. This combination offered a holistic perspective – allowing me to appreciate the various acute presentations of endemic infectious diseases such as dengue fever, tuberculosis, and HIV, while also following the complexities of their inpatient management.

As Scarborough General is a teaching hospital, I was fortunate to work alongside supportive and knowledgeable staff who were always eager to offer guidance and answer any questions. I often engaged in detailed discussions with my supervising consultants, not only regarding clinical cases, but also about the broader public health infrastructure in Tobago. I learned about the public health infrastructure that collaborates to respond to infectious disease outbreaks, including methods of disease surveillance, vaccination programs and health education initiatives. This insight allowed me to develop a deeper appreciation for the role of public health as an integral part of infectious disease medicine, especially in a country where resources are not as readily available as we are fortunate to have in the UK.

## My learning:

**A+E:**

During my time within the A+E department, I was faced with the challenge of identifying possible acute presentations of infectious diseases. One of the most common infectious disease-related presentations was secondary to HIV, a condition that affects 1.2% of adults aged between 15-49 in Trinidad and Tobago. I found this to be a challenging adjustment from the UK, as seemingly simple presentations such as oral thrush, persistent fatigue and recurrent respiratory infections would often prompt formal HIV testing. This experience highlighted the importance of maintaining a high index of suspicion for underlying immune deficiency in regions with higher prevalence of HIV, but also as a differential that should always be considered when working in the UK.

In addition to HIV-related cases, I encountered a variety of other infectious diseases endemic to Tobago, with particular focus of a teaching session in A+E being dedicated to the early recognition and prompt management of acute cases of dengue fever. This was supplemented by a treatment algorithm poster prominently displayed in the doctors’ area. It drew attention to the relatively vague presentation of fever, headaches, and retro-orbital pain and how this should prompt early diagnostic serological testing, with regular full blood count monitoring for warning signs of haemorrhagic fever. It also described how the condition was to management within A+E, emphasising supportive care, such as hydration, paracetamol, and fluid balance.

**Internal medicine:**

During my rotation on internal medicine ward, I gained valuable insight into the intricacies associated with managing tuberculosis (TB), a condition I had not previously encountered in a clinical setting in the UK. Over the course of three weeks, I became familiar with the standard diagnostic work-up, management guidelines and some of the challenges of addressing this disease. Notably, I observed the Mantoux test and the expected appearance of a lesion indicative of active disease. However, I also discovered that active management of TB typically does not commence until the presence of acid-fast bacilli is confirmed through sputum smear testing on three separate occasions.

Regional limitations posed additional challenges, as Tobago, being the smaller of the dual island nation, relies on the diagnostic laboratories located in neighbouring Trinidad which often led to delays in initiating therapy. Although clinical examinations of TB patients were limited due to barrier isolation nursing protocols, I took the opportunity to deepen my knowledge of the standard medications used in TB treatment and their associated side effects.

I observed that TB patients generally required prolonged hospital stays, as discharge typically depended on negative results from repeat sputum samples. Post-discharge, these patients were closely monitored by the infectious disease nursing team as outpatients until completion of RIPE therapy. This experience underscored the critical role of a multidisciplinary team approach in the effective management of infectious diseases.

**Public health:**

During my elective, I had the opportunity to appreciate some public health measures addressing infectious diseases within hospital and community settings.

I found the use of mosquito nets on hospital wards particularly interesting as a preventative measure. While vector-borne diseases such as dengue fever are not transmissible between people, the nets play a crucial role in preventing further mosquitoes harbouring the disease by biting infected patients. This practical yet impactful intervention highlighted the simplicity of some of the measures used to prevent the spread of disease in tropical regions. Additionally, there were informative leaflets available on the wards, providing proactive guidance on how to “mosquito-proof” one’s home, reducing the risk of contracting vector-borne diseases.

Through discussions with my medical consultant mentor, I learned of some of the differences between vaccination schedules within Tobago as opposed to the UK. One striking difference was the inclusion of routine yellow fever vaccination in Tobago, reflecting the risk posed by its tropical climate risk. Conversely, I noted the absence of shingles and RSV vaccines for older adults and pregnant women in Tobago, which are routinely offered in the UK, giving a good insight into the contrasting public health priorities between the two nations.

## Summary:

In summary, my medical elective was a period of meaningful self-growth that will no doubt have a lasting impact on my future clinical practice. I am sincerely grateful for the support and generosity of RCPath & the Microbiology Society through this chapter of my medical school journey.