My elective took place in India, a country of diversity and disparity. I therefore ensured that my clinical experience somewhat encompassed this heterogeneity. The first part of my elective took place in Himachal Pradesh, a state in the north of India, situated in the Western Himalayas, bordering Tibet. I was located in the Spiti Valley, a mountainous desert consisting of villages remotely spread throughout, sparsely populated by people who had limited and often inaccessible healthcare. The medical camps provided a form of primary care and public health. By contrast, the second part of the elective took place in Christian Medical College and Hospital, in Vellore, Tamil Nadu. This is a fantastic tertiary centre which draws patients from all over India and Asia for the quality of care they provide. Here, I spent time in the Department of Child Health, and in the Emergency Department.

I chose to visit India for several reasons. I was aware that the disparity of resources in India meant that in the same country I will see both low-income areas, where doctors are forced to work with fewer resources, as well as tertiary centres where leading techniques are pioneered. This diversity extended to the patient demographic - in Spiti itself we saw both well-off government officials and poorer labourers, who were in their 70s and still carrying loads of 30-40kg on their back.

I had a fantastic time in my elective and gained a lot of valuable experience for both my professional and personal life. With regards to the clinical experience, I had incredible respect for the doctors in both parts of my elective with their use of clinical examination and the restraint with investigations. In the Himalayas this was due to the lack of investigations possible, and in CMC this was often because patients were unable to pay for a panel of tests - it was important that every test ordered had a purpose. This is something that I will be sure to take into my clinical practice in UK. The importance of a stringent history taking and examination was solidified.

Although I saw many incredible presentations of diseases that I had only read in textbooks, and I loved the scenery of the Himalayan mountains, one of my personal memorable moments took place in the last clinic during the Himalayan expedition. The patients thus far had either spoken a local Tibetan dialect or Hindi - neither of which I knew before the elective. However, one month after coming to India, I was able to take a basic history, examination and give a management plan to a Hindi speaking patient (although some hand gestures had to be used, admittedly). This gave me a lot of confidence that I would be able to survive and flourish in any scenario that I was put in, with the excellent support of my local colleagues and lots of patience from the local patients!