

This summer I spent three weeks in Mongolia volunteering with a local NGO, New Choice. I worked for two weeks in a family health clinic on the outskirts of Ulaanbaatar followed by a week in a nearby orphanage. My first impression of Mongolia came not long after arriving. In the airport car park, a man begged me for money. He only spoke Mongolian, but he had a slip of paper detailing in English the hardships that had befallen him in life. I obviously had no idea whether anything on the piece of paper was true, however it was at this point that it really dawned on me that I was in a third world country. I feel as though that in Ulaanbaatar the gap between rich and poor was very evident. In the centre of the city there are many modern buildings and upmarket hotels but you don't need to travel very far from the centre before you get to very dusty suburbs with cramped and makeshift houses.

My time in the clinic had its ups and downs. With my very poor grasp of the Mongolian language and the doctors' minimal English, the language barrier became very evident at times. This was especially noticeable when the doctors tried to give us explanations of medical conditions. Despite this, the clinic gave me a brilliant opportunity to practice some clinical skills such as taking blood pressure and auscultation that, as a preclinical student, I had yet to do. It also gave me an insight into the Mongolian healthcare system, which seemed to revolve around preventative care. This was demonstrated by two visits to a nearby nursery where one of the doctors took all of the children's heights and weights as well as giving them a quick check for throat and chest infections. The fact that we went twice in the space of two weeks to check that none of the children had infections seemed a bit excessive to us, but in a country such as Mongolia, where the country's infrastructure isn't as developed as at in the UK, these check-ups may be the difference between catching a serious infection early and treating it or only realising when it is too late.

We got to see the most interesting cases when we went out with a doctor and a nurse as part of a "mobile clinic", reaching people in the surrounding areas who would not be able to make it into the clinic. It was here that we got to see people with very serious illnesses and who were often bed bound. By visiting people's homes we were also able to be on the receiving end of the much renowned Mongolian hospitality.

Our move to the orphanage wasn't the smoothest of transitions given that the staff there didn't seem to know who we were or what we were meant to be doing there when we arrived. On top of this, they knew no English whatsoever and we ended up losing a whole day trying to sort everything out. In the end we managed to sort it out through our Mongolian co-ordinator's wife and we were able to actually start the following day. There is no doubt that there were times at the orphanage that were quite challenging. Teaching English in itself was difficult because of the wide range of abilities. Whereas some of the children knew no English at all, others could speak quite well and actually often acted as translators between us and the staff. The task was made more challenging by the fluctuating levels of participation from the kids. They may be really keen to learn one minute and then the next they would be running into and out of the room. Despite these hindrances, I really enjoyed my time in the orphanage and in Mongolia for that matter. I feel the trip has helped me develop multiple new skills that will prepare me for a life in medicine.