## ELECTIVE (SSC5c) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

**Having decided to undertake an elective in general and emergency paediatrics at the Red Cross War Memorial Children's Hospital, I had several ideas about what to expect when I arrived. To my surprise I would learn that my previous knowledge surrounding my learning objectives of which I had set myself would prove some of my ignorance about the South African Healthcare system. I would discover that the issues that arise in healthcare in South Africa mirror those of that in the UK and many of the paediatric conidtions treated in ambulatory care (barring a few exceptions) are almost identical.**

**My first learning objective was to understand the common causes of admission to ambulatory care and medical emergencies in South Africa. To my surprise most admissions were very similar to those seen in the UK however, there are some key diffrences. The main conditions that I saw in the acute medical wards were seasonal as the southern hemisphere was entering its winter season. The diseases seen included bronchiolitis, croup, acute exacerbations of asthma as well as pneumonias. As expected I did see conditions that aren't as common in the UK too, such as TB, fetal alcohol syndrome, neonatal meningitis, Beta-ketosidase defincies, malnutrtion and patent ductus arteriosus. What I found slightly different from the UK is that the time of presentation of said conditions could be variable.**

**Whereas in the UK medical system children present relatively early; because of the poor living conditions in townships and poverty making it difficult for people to travel to hospitals some children present quite late on during the pathological processes. For example, I saw one child who was severely malnourished with various pathologies who only presented to medical emergencies once he had a severe bronchopneumonia. It was likely that if the mother had brought the child to a medical professional earlier, his prognosis may have been better.**

**Another case that particularly resounded with me was of a 5 year old boy who had presented with TB meningitis. The family were early to bring the child to the attention of their general phycisian, and despite clear clinical evidence that this child needed treatment and investigations for a suspected TB, he was missed. Unfortunatley, this progressed to a much more severe complication of TB (TB meningitis) and therefore he was transferred to ICU. This was probably a result of the understaffing and overworking of doctors in South Africa much like in the UK. As a result I discovered that medical students here play a far more proactive role within the multidisciplinary team than in the UK, and was highly impressed with their general knowledge and their clinical skills.**

**My second learning objective was to understand how paediatric services are organised in South Africa. To my surprise despite there being immense poverty in some areas of Cape Town, services work in an almost identical way to that of the UK. Primary care centres such as general clinics help to direct parents where to take their children. However, despite the fact that these centres are readilly available there is still a vast amount of self referel to the teritary care centre which like in the UK puts a huge strain on resources as many of these children are not admitted. Once intersting difference I learnt about whilst here is the existence of a number of organistations that set up free clinics in the various townships in and around Cape Town. This mainly exists due to charitable donations and**

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**volunteers, and as a result some children may be possibly be referred to the Red Cross through these programmes.**

**The admission criteria iteself was the same as in the UK, however discharge criteria had one interesting difference. Despite being healthy, some children were kept an extra day due to the vast distances parents have to travel to reach the hospital, and therefore children were safeguarded from travelling to less selubrious areas once cheaper travel alternatives had ceased for the evening. The final and perhaps major differences between the two health care systems is that unlike the NHS the South African healthcare system is not free at the point of service. However, the cost of it is dependent on someones level of income (much like National Inusurance in the UK) so thefore the wealthy pay more, whereas as those in poverty get free healthcare.**

**My third objective surrounded healthcare promotion in South Africa and the prevention of readmissions. From my perspective this played an even larger role in than in the UK, and medical proffesionals work hard on their communication skills to help educate the parents about their childs admission and prevention of the same problems from occuring again. This seemed to play a particularly important role with malnutrition or even obesity in some children, as well as the various complications surrounding immunocompromised children with HIV and breastfeeding. Furthermore much like the 'Red Book' scheme in the UK, South Africa has a similar, if not identical scheme called 'The Road to Health', which not only helps parents record their babies progress, but provides a lot of information for parents about their children as well as to Doctors upon admission.**

**There are a number of services set up in order to prevent readmission to the wards. Social services here play a particularly important role in the safeguarding of children and in particular making sure the child has the best chance of a happy healthy upbringing. One particularly memorable moment was seeing a child who had consumed a pesticide for fleas that was allegedly found in the families fridge; this was despite the family not owning a dog. Other services available include specialist nurses, general clinics and outpatient clinics.**

**My final objective was to develop a broad general knowledge surrounding paediatric conditions in South Africa. During consultant ward rounds we were constantly tested and taught about the various conditions we would see on the ward. In particular I learnt the importance of a septic screen protocol for a sick neonate as well as the treatment and prognosis of neonatal meningitis. Despite South Africa technically being a developing country, being in a well developed city I was able to see many of the same conditions and a similar management of said conditions to the UK. Perhaps, the biggest misconception I had before my elective here, is that I would find an entirely different healthcare system. What I saw was a very similarly run organisation to the NHS which in some way surpasses our own. Despite having less funding per capita than the British system, South African doctors are able to run efficiently and effectively with fewer resources. Perhaps his may be because medical students here have a more useful role in the medical team and are given far more responsibilities.**

**In conclusion, I think this elective at the Red Cross Hospital was an enriching experience and an enjoyable one (despite personal issues that saw me get robbed twice in a period of two weeks). I got to experience first hand a medical system which was not that different from our own, however it was in a country far away from home comforts and slightly out of my comfort zone. I managed to learn enough and answer all my learning objectives. I would highly recommend an elective at this hospital to all future medical students and in particular would like to thank all the staff who were friendly and always seemed to have time to teach me and the other medical students on this placement.**

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