

## **ELECTIVE (SSC5b) REPORT (1200 words)**

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

During this placement at TUTH i was exposed to an array of different medical conditions, some which are also commonly seen in the UK, while others are much more native to Nepal. Some of the more common conditions that occur include diabetes, stroke and COPD with these conditions being treated in a very similar fashion to how they would be in the UK. However, some of the more native presentations which i observed that are rarely seen in the UK include altitude sickness, snake bites, acute gastroenteritis, and tropical diseases such as dengue fever and malaria. Seeing as a majority of the patients present with these conditions the doctors in the hospital are highly trained in tackling these diseases. For example, stool tests are performed immediately looking for the cause of acute gastroenteritis for patients presenting with vomiting and diarrhoea, while an array of blood investigations are taken in the hopes to diagnose dengue fever or malaria for patients presenting with acute high fever. Altitude sickness is often seen due to the Nepal being very famous for the Himalayas with people presenting with worsening shortness of breath as they attempt expeditions such as Everest base camp.

One of the main things i noticed during my elective was just how much money plays a crucial part in the treatment, and in some cases, the survival of patients at TUTH. One example involves a child who was pancytopenic and so required a bone marrow biopsy. The family had been saving up for quite a while to not only pay for the biopsy, but also everything else needed for the investigation including the gown, needles, and even the sterile gloves. Ketamine was used as a pain killer for the procedure, however the child suffered an anaphylactic reaction to this. In the UK the treatment for anaphylaxis, adrenaline, would be given immediately, however seeing as the family could not afford the treatment the child unfortunately passed away on the table.

Another difference that was actually voiced by one of the doctors is the lack of staff in the hospital. This was seen while taking a history from a patient who had come on a holiday with her fiance. When asked where he was she explained that he had taken her bloods to the lab to get analysed. On further questioning of the doctor, we found out that when patients come in, their family are required to walk all the way to the pharmacy, pay for the medication, and bring it back to the ward for the doctors to administer. This is the same for blood investigations and imaging such as x-rays. The doctor also mentioned that if a patient comes in alone, it produces quite a chaotic situation for the team as they do not have enough people to see the patient and gather all the medication and investigations. This highlights two things that the NHS maybe takes for granted which are an abundant workforce and free healthcare in order to make our patients feel as comfortable as possible.

On the other hand, one key difference i did notice between Nepalese healthcare and the NHS was the waiting time between patient triage and a doctor actually seeing a patient on the ward. In the UK patients would normally have to wait hours upon hours for non-life threatening problems when presenting to the emergency unit, however in Nepal patients are quickly triaged and then sent to either the green, yellow or red zone, based on their observations, where they will then be seen by a doctor, all of this occurring in next to no time compared to the UK. This type of healthcare system may result in better care for the patients in Nepal as some people in the UK may refrain from going to the

emergency unit purely due to the fear of having to wait many hours before actually being seen by a doctor.

Some of the main similarities i noticed while on the wards was the emphasis on hand washing technique with laminated pictures found on the walls. There were also laminted pictures on how to identify sepsis on the walls through qSOFA. This highlights the importance of infection control on the wards which is also of major importance in the UK.

The population of Nepal has been increasing exponentially since the 1960s and is now around 28.98million, with 1.5million of the population residing in Kathmandu. Due to the population size there are range of both government and private hospitals with TUTH being a mix of the two. Overcrowding is a major problem faced by hospitals caused by this large population size. This is clearly seen in the emergency department which is often stuffed to the brim with patients, with instances where more than one patient may occupy a bed at one time.

The number of technological appliances was another difference that was noticed between Nepal and the UK. For example, in the UK x-rays are often seen on computers, however, due to the reduced number of computers on the ward, the patients often carry their x-rays with them and give them to the doctor during the ward round, who would then hold up the image against the sunlight in order to view it.

TUTH is a is a private/government tertiary care hospital and so can provide some exceptional specialist care such as in neurosurgery, gastroenterology, and urology. Consequently, this has resulted in patients refusing to leave when they are referred to another hospital due to the higher level of care given at TUTH and so could also be another cause for the overcrowding seen in the emergency department. This is quite different to what is seen in the UK as patients are constantly being referred from hospital to hospital for things such as biopsies or angiograms.

One of the main differences noticed involves the medical students. I noticed that the final year medical students are key members of the team with all of them being greatly involved with the patients care. This was emphasised by the seeing them run around the ward taking histories, writing in the notes, filling out prescriptions and administering medications to the patients with the nurses often going to them for advice on what to do with difficult cases. This is often the complete opposite to what is seen in the UK where sometimes final year medical students are often forgotten due to the busy nature of the wards whereas in Nepal, it is as if the final year medical students are thrown into the deep end and use the intensity of the wards to mould them into better future doctors.

During my elective i have noticed that Nepal is an extremely warm and friendly country. This is highlighted by the doctors i met in the hospital who were always willing to help me when i was lost and make me feel like i was part of the team by explaining everything again to me back in English after they finished speaking to the patients during ward rounds.