ELECTIVE (SSC5b) REPORT (1200 words)

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

1- To observe and describe the paediatric conditions and presentations seen in a Samoan hospital

Many of the presentations were associated with respiratory symptoms such as pneumonia and brochiolitis. The other major presentation was babies with gastro symptoms of diarrhoea and being off their food. Often this was caused by acute gastroenteritis and sometimes typhoid fever. Many patients presented quite non-specifically as may be found at home, wth symptoms of of fever, lethargy, irritability, cough and diarrhoea. Acute febrile illness was also common - this was often presumed to be meningitis. i found that the diagnostic procedures were not perhaps as thorough as they would be at home, and it felt like any child with respiratory symptoms was treated as presumed pneumonia while lots of children with diarrhoea were treated as presumed typhoid.

2 - How does the provision of paediatric care differ in Samoa compared to the UK and why may this be?

Samoa is very much a developing country, and although the hospital was bigger and more modern than I thought it would be, there was very much a limit to the care that could be provided there, compared with the UK. The wards were very crowded and bed space was definitely an issue (not dissimilar to in the UK!). Many of the children were treated empirically for their presumed diagnosis. The CT scanner was broken for a week! Another big difference I noticed in investigations is that they were not able to do a lactate which I feel use quite often in the UK, especially when assessing sick patients.

These differences were particularly stark as this hopsital was in the capital and was the main hospital of the country. They would receive referrals and sick patients from the community and other district general hospital. One thing that particularly struck me was one of the doctors telling me that it was the only hospital in the country that was able to perfrom caesarean sections, which often meant that when woman on the other island had a difficult labour and needed an emergency c section that they have to get the boat over to and come to this hospital, a journey that would take 2 hours at best, and that many women delivered or died during that journey.

One of the main things I noticed in Samoa was the difference in infection control procedures. Gloves were rarely worn during procedures or touching the patient (mainly just used as a tourniquet!). In contrast to the tissue covers we use on examination couches which are changed for each patients, they used a single towel on the bench in the treatment rooms and only sometimes changed it if it was visibly soiled - usually blood or vomit.

The use of antibiotics also differed. Firstly they seemed to mostly prescribe by brand name which confused me a bit when I started! There also seemed to be less antibiotic stewardship with babies being started on very strong antibiotics almost first line, and being given up to five difference antibiotics during the admission.

3 - Which paediatric conditions are most prevalent in Samoa and how does this vary across different countries? What public health measures are being implemented in Samoa to reduce rates of these conditions?

Of course there were some similarities between presenting complains in paediatrics in Samoa and the UK - many children came in for respiratory problems such as pneumonia and bronchiolitis as we would

see at home. However there were many differences: I saw multiple patients in Samoa with dengue fever and typhoid which I have never seen in the UK. Rheumatic fever and its consequences were also prevalent. I also noticed that common problems such as gastroenteritis seemed more common in Samoa, and would present later, more seriously and with severe dehydration in many cases. I think this was mostly due to lack of parent education and the integral role of traditional healers in the Samoan cultures, meaning babies were taken for 'Fofo Samoa' days before there were brought into hopsital. During my elective period, my team did a presentation about the problem of Fofo Samoa and when it delayed presentation and ultimately led to worse outcomes. It was disucssed that as this is a very important part of the Samoan culture that it would be impossible to stop patients going to traditional healers before going to hospital. Instead, we decided, a joint approach would be best to maybe try and educate the traditional healers and parents to recognise a sick child and recognise when an hospital admission is necessary. Simple treatments such as oral rehydration sachets could save lives in these situations, so public health measures were underway to educate and inform the population about use of ORS in acute gastroenteritis. I noticed that a lot of simple patient education took place while the babies were in hospital - mothers were encouraged to breastfeed and given help with this. Simple avoidance measures were also discussed about hygiene and prevention of typhoid. A couple of the babies I saw with typhoid lived next to the river and would often swim in it, so it was a question of educating the mother that this is how they have contracted typhoid and not to swim in the river when it is dirty.

4 -To gain an insight into the provision of healthcare in a different cultural environment. To apply and develop my clinical skills learnt in medical school and become more confident in performing procedures and developing management plans.

Working in the hospital in Samoa greatly helped me develop my clinical skills and confidence. Partly due to the limited staffing provisions in the hospital the medical students and the interns played a crucial part on the ward and I found the interns did a lot more than would be expected (or allowed) of me when I start as an F1, even though they had only just graduated. They would do admissions and ward rounds alone, decide management plans and decide if a patient was fit to be discharged, all with relatively little senior input. As a result, they were also very happy for me to see, review and admit patients which I found a very useful experience. In Samoa, there were also a lot fewer restrictions of paediatric procedures. Interns and even students were allowed and encouraged to bleed and cannulate babies and children of all ages. This was a really good opportunity for me to develop clinical skills that I would not be able to at home. I also felt the elective was really good in developing my paediatric examination. During medical school I felt I have rather limited experience examining children as we have only really had a 4 week paediatric attachment. After my time in Samoa I know feel a lot more confident examining children and knowing what 'normal' feels and sounds like.