ELECTIVE (SSC5c) REPORT (1200 words)

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

Background

I undertook my elective placement at the Charlotte Maxeke Johannesburg Academic Hospital, which I quickly came to know as the "Joburg Gen" – as it was commonly referred to as by students and locals. It has always been a dream of mine to visit the country with such a rich cultural history. This, coupled with the prospect of seeing first hand a diverse array of medical conditions and complications which are relatively rarer in the UK, and as such only read about in textbooks, made South Africa personally the ideal place for me to carry out my elective placement in my top specialty of interest – Paediatrics.

Objectives

Prior to leaving the UK, as a University requirement, I set objectives in order to help tailor my time at the hospital and ensure I had some sort of focus, goals and questions in mind as I opened myself up to the experience.

My time spent at the "Joburg Gen" speaking to a number of paediatric health professionals across the different specialties, as well as my own reading and research helped me fulfil my first three objectives, whilst my time spent observing and seeing patients in clinics and on the wards enabled me to fulfil the fourth objective.

It seems to be that the biggest cause of infant mortality in SA is as a result of neonatal complications, which mostly include those from pre term births as well as infections, birth asphyxia and other congenital illnesses. This is a similar picture to the UK where the highest proportion of infant mortality is also as a result of factors relating to pre term births. The difference in resource availability and as such the management of pre term births in particular stood out to me from the UK however, where babies born as early as 22 weeks can be resuscitated if assessed as potentially viable and the intensive care and necessary support is available from birth. Due to the limitation of resources here on the other hand, I found and was told by the neonatal doctors that such babies born as early as that have next to no chance of survival although babies born later, from 24 weeks onwards if lucky and given the proper pre birth management, such as steroids to prevent respiratory distress syndrome and the fortune of adequate resources post birth, stood a slightly better chance of survival. As the largest contributor to infant mortality, it seems that education on the factors that lead to preterm birth as well as simple measures that can be adopted to drastically improve preterm babies' survival are increasingly being given more attention.

The next biggest contributor to infant mortality appears to be HIV/AIDS – which accounts for roughly a third of the causes of childhood mortality. This is drastically different to the UK where this does not feature amongst the leading contributors to childhood mortality. I found that the problem with children admitted with HIV tended to be coupled with malnutrition and as such immune deficiency, which made it harder for them to respond favourably to treatment quickly, lengthened their admission time and made them more likely to die as a result of serious complications. Other contributing causes of mortality in children in SA include diarrhoea, injuries (accidental and non-accidental), respiratory infections such as pneumonia, as well as sepsis and meningitis. In comparison,

in the UK, aside from factors related to pre term births, the leading causes of childhood mortality include congenital causes, injuries and cancer.

This leads me onto my third objective concerning oncology, as cancer is one of the leading causes of childhood mortality UK. In order to fulfil this particular objective I spent a few mornings observing and assisting in the haematology/oncology clinic where cancer patients are routinely seen and assessed and have their necessary procedures such as lumbar punctures done, and their chemotherapy sessions all in the same clinic if their blood counts permit. I learnt during my time there that "Joburg Gen" has the largest Radiation Oncology Unit in the country and is the only hospital in the region to offer both medical and radiation services. It is an extremely busy unit and the doctor's work extensively to ensure the patient load is managed appropriately. Whilst on the unit I had the opportunity to talk with a "CHOC" nurse (Children's Haematology Oncology Clinic nurse, as part of the Childhood Cancer Foundation South Africa), which was a great opportunity to learn about the biggest challenges and the service they offer. It was evident that although the types of cancers seen were similar on paper to the UK i.e. leukaemia's, brain tumours and renal tumours, the biggest problem was the fact that children tend to present at much later stages of cancer and as such making treatment and desired outcomes more difficult. One of their main aims is therefore to improve early detection and facilitate effective treatment. The services the CHOC team offered were very reassuring and included breaking the myths about cancer, encouraging awareness and early detection, providing psychosocial as well as practical support in the way of transport, accommodation and support whilst on the wards, and there is also a dedicated bereavement counsellor available. These services were very reassuring and mirror various cancer support groups and initiatives in the UK.

My main personal objective was to gain confidence in paediatric assessments including taking histories, examining different systems and thinking about management options. My first week was spent mainly rotating through the different specialist clinics and I was given the opportunity to examine patients and present my findings to the doctors, which was a rewarding experience, especially when I was able to elicit signs and put together working differentials. I realised how much I knew as well as how much more I had to learn but felt confident enough to try things and then receive feedback and guidance. By the end of my second week I had met the sixth year medical students who were on their paediatric block. I decided it would be beneficial to attend some of their tutorials and bedside teaching sessions, which proved to be a fantastic learning opportunity. It was interesting to see how integrated into the ward the final year students here are and I decided to join them during their scheduled on call, and assist with seeing patients and other ward work which was tasking at first given that I had difficulty orientating myself with the way things were done but it was rewarding in the end.

Closing Remarks

I found my elective to be a thoroughly enjoyable and educational experience. Being alone and exposed to a culture I was not familiar with, without direct supervision at all times tested my resolve and character and ability to take on new situations. I feel I was able to do this and it was nice to be given the room and flexibility by my supervisor to make the most of my time to see and do the things that interested me. I experienced a different health care system which overall I found to actually have many similarities with the UK albeit with less technologically advanced resources. I was given the opportunity to put my clinical skills to use on the wards and exposed to a number of conditions and

clinical signs I had not seen before. This experience has definitely helped broaden my horizons and put me in good standing towards my foundation years of practice back home in the UK.