

## ELECTIVE (SSC5c) REPORT (1200 words)

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

# Cardiology Elective Report

Institute of Cardiology  
The National Hospital of Sri Lanka, Colombo



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Supervisor: **Dr. W. S Santharaj**

Elective period: 30th April to 8th May 2015

### AIM:

My aim in undertaking an elective in Sri Lanka in the field of Cardiology was to gain a better understanding of the Sri Lankan health care system and to experience a different healthcare system. I was interested in understanding how cardiovascular services are delivered in Sri Lanka especially in a very resource limited setting. I also aimed to learn good practice and learn clinical skills, which are transferable to my practice in the UK.

### Why did I choose Sri Lanka?



As an A/level student I came to Sri Lanka to gain work experience and saw how stark the differences between the hospitals in the UK and Sri Lanka are. However, my understanding about the true differences in the two healthcare systems was very superficial. Therefore, I wanted to return and do my elective in Sri Lanka to gain a deeper understanding of the Sri Lankan healthcare system.

Therefore, I contacted Dr. Santharaj (Consultant Cardiologist) and organised a Cardiology placement at the Institute of Cardiology, National Hospital of Sri Lanka, which is the largest teaching hospital in Sri Lanka providing training for undergraduates and postgraduate trainees of the Faculty of Medicine, University of Colombo. Therefore, a particular advantage of choosing this hospital is that the healthcare professionals are experienced in teaching medical students.

I chose The National Hospital of Sri Lanka considering several factors. For instance, availability of learning opportunities as it's a teaching hospital, availability of medical facilities as well as the

reputation of the hospital. I also considered recommendations and reviews from previous foreign medical student who have come to the National Hospital for their medical elective, which were all very positive reviews. This encouraged me to choose the National Hospital as my elective placement.

Furthermore, the National Hospital of Sri Lanka is the largest hospital in the country serving its 21 million or so population. It is also the final referral centre in the country and considered as the largest hospital in South East Asia. Patients arrive from all over the country to receive treatment at the National Hospital and this is reflected in the large number of patients served by the doctors daily. Having to serve such a large population it is inevitable that the national health system experiences a heavy burden. I was interested to see how this resource limited system coped with such heavy demand.

### **The Elective:**

Once I arrived at the National Hospital I quickly realised that the health care system is quite similar to the UK, however with a much lower national budget allocated for the healthcare services. Given the low budget and the high demand, observing the way the Sri Lankan doctors coped with these circumstances was not only interesting but also admirable. It was especially interesting as we are also starting to experience similar circumstances in the NHS, although we are a lot more fortunate in the UK to have access to advanced and most recent medical equipment and medication.

My elective was enriched by the fact that I had a good grasp of one of the two main languages spoken by patients in Sri Lanka (Sinhala). This meant that not only could I follow the order of business during the ward round and understand the doctors' reasoning behind their management plans, but also being able to communicate with patients. This was a very important factor, which made my elective a very enriching experience.

### **General and interventional cardiology:**

I was kindly received by Dr Santharaj and his team on my first week. My elective started with a day in the catheterization lab, which to my pleasant surprise had an extremely similar set up to the UK.

As my interest lies mainly in interventional cardiology, I was thankful for the opportunity to observe interventional procedures being carried out in the 2 Catheterisation labs in the hospital. Having completed a 4-week work experience placement at the London Chest Hospital in the summer of 2011, I was especially looking forward to observe the differences/similarities in the way cardiac patients are managed in the UK versus Sri Lanka.



One fundamental difference is the way patients with myocardial infarctions are managed. In contrast to the UK where many areas are able to provide interventional procedures free at the point of contact, in Sri Lanka the limited resources and the heavy disease burden mean that this is not always possible. Although the doctors do their best to accommodate all patients and minimise costs to the patients to the best of their ability, the patients still have to incur some costs in order to have percutaneous coronary intervention with stenting, as the stents need to be bought by the patient. These can cost somewhere in the range of 100,000 rupees with drug eluting stents being even more expensive. Furthermore, there are currently only two centres in

Sri Lanka, which can provide primary PCI; Colombo National Hospital and Kandy. This means that majority of patients who present with acute ST elevation MI are treated with Thrombolytics (Streptokinase).

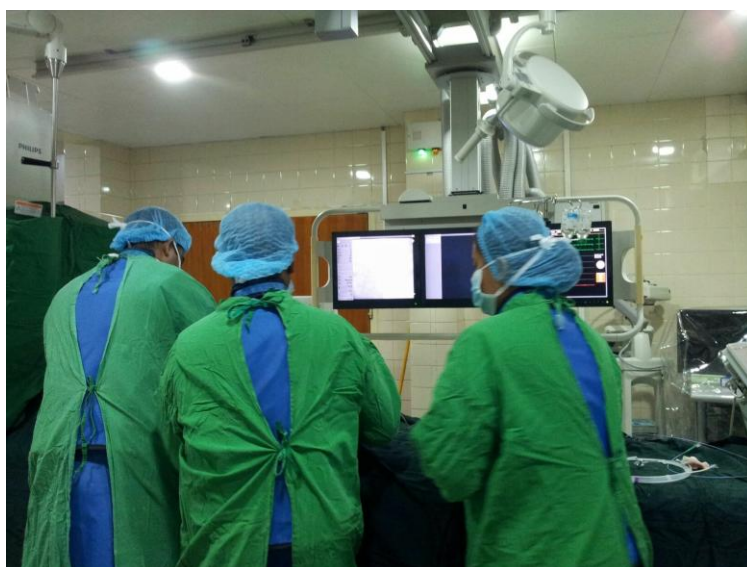


Another striking difference between the UK and Sri Lanka was that whilst most equipment used in the catheterisation lab is single use in the UK, staff in Sri Lanka utilised equipment such as cardiac catheters many times after sterilisation. This is mainly because the government hospital's limited budget will not be able to cope with the regular disposal of such expensive equipment.

There is also a lack of availability of the latest equipment such as rotablaters and IVUS catheters and latest medications such as the new anticoagulants (Dabigatran and Rivaroxaban) in Sri Lanka. This elective definitely made me appreciate how fortunate we are to have these latest medical inventions and how privileged our patients are.

### **Electrophysiology:**

Dr Santhraj's team was kind enough to also arrange an opportunity for me to observe electrophysiology procedures during my elective placement. I observed the team and integrated myself into their day to day business such as observing radiofrequency ablations of various arrhythmias induced by aberrant pathways and sitting in a clinic. This proved to be both highly educational and eye opening.



The clinic room consisted of several desks and all patients are seen in the same room. This is done on a first come first served basis where patients turn up on the day and obtain a number and await their turn to see one of the doctors. Whilst 30 patients would be considered a heavy patient load in a clinic in The UK, seeing 100's of patients during one morning session was the norm in a Sri Lankan clinic. This meant that the doctors have a very limited time with the patients, however at the same time I did not feel that the doctors rushed through any of the patients in any way. I felt that the patients received the best care under the difficult circumstances the doctors had to work in, which I felt was very admirable.

## Echocardiography



I also got involved in echocardiography clinics every Friday. This consisted of assessing thoracic patients, cardiac patients using 2D transthoracic echocardiography in the morning and 2D transoesophageal echocardiography in the afternoon. During the clinic I got the opportunity to examine patients before their scans and this was a great learning experience as most of the patients had valvular disease, septal defects or conditions such as aortic coarctation. I feel my auscultation skills improved as a result of this. I was also given excellent teaching on echocardiography and even got the chance to do several transthoracic echocardiographs myself.

Similar to the electrophysiology clinics, these echo clinics also had a huge demand with at least 50-60 patients being assessed in one morning session. In order to assess this many patients the doctors had to go through a very set routine and each patient was assessed in about 5 minutes. Although the patient was fully assessed, I felt that the doctors did not have any time to explain the results to the patients. It was interesting that both adult and paediatric patients were assessed during the same clinic. I was told that this is because there are no dedicated paediatric Cardiologists in Sri Lanka.

### Conclusion

My time in Sri Lanka has given me an appreciation for what we can truly do for our patients as doctors. Even in resource limited environments doctors in Sri Lanka provide admirable services to their patients to the best of their ability. Through this elective I have not only improved my clinical skills but also gained great insight into Cardiology as a specialty and this experience has definitely made me more interested in pursuing a career in Cardiology.

### Acknowledgements:

**Dr. W. S Santharaj** for accepting me as an elective student and supervising me during my elective

**Dr. Chandrike Ponnaperuma, Dr. Chamara Ratnayake, Dr. Suneth** and **Dr. Gerald** for being very welcoming and providing teaching during my placement at the National Hospital

**Dr. Dunuwilla** and his team for accommodating me at the electrophysiology clinic and providing teaching

The nursing staff at the Cardiology Institute for being friendly and welcoming

\*ALL photographs were taken with permission from the staff and patients.