

ELECTIVE (SSC5b) REPORT (1200 words)

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

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Describe the pattern of disease/illness of interest in the population with which you will be working and discuss this in the context of global health.

During my time at the Royal London Hospital I saw a wide array of paediatric medical and surgical cases. Many of these cases I was fortunate to see on my elective period here, which contrasts with my paediatric placement in previous years of study. As the Royal London is a tertiary care centre, I was fortunate to see a diverse range of conditions and presentations that I may not have seen in other hospitals.

My time at the Royal London highlighted to me the growing problem of excess weight and obesity in children. I especially observed this in the endocrinology clinics, but also in several other clinics; children are weighed prior to their appointments, and there was a high number of children recorded to have excess weight. Childhood obesity and the number of overweight children in Northeast London boroughs have previously been found to be the highest in London. Moreover, I observed that diabetes in children is prevalent in the population of children in East London. This may be partly due to the increased population of Blacks and South Asians, who – due to their Ethnic predisposition – have an increased risk of developing this long-term disease.

It was also interesting to note that the rates of eczema and other atopic diseases, such as asthma, is particularly high in children presenting to the hospital. Furthermore, discussion with my seniors made me aware of the fact that childhood immunisations are notably lower in children of Northeast London boroughs, with significantly low rates of immunisations (such as the measles, mumps and rubella vaccine) than the rest of England.

The mention of these particular patterns of diseases of health problems highlights that better health promotion and education may be required to reduce the incidence of conditions that commonly become the root cause of numerous other health difficulties.

Describe the pattern of health provision in relation to the country which you will be working and contrast this with other countries, or with UK.

Health provision in the UK is supplied by the National Health Service, a system that has been in place for nearly 70 years. The service allows free health services and appointments for children, including prescriptions and immunisations, secondary care referrals and accident and emergency care. This is a huge contrast to healthcare provisions in less developed countries, but also in some developed countries too.

A large part of delivering good healthcare – within all fields of medicine – is the practice of multidisciplinary team management. This ensures that appropriate healthcare is provided for any such patient, based on the knowledge of different areas of expertise related to any such patient case. In paediatric healthcare particularly, the role of parents being involved as part of the team in making

decisions for the child is vital to providing appropriate and well-informed decisions. This is in contrary to other countries, where parents are told what will happen to the child, with parents having very little say in any situation.

Talking to colleagues who have experienced paediatric placements in less developed countries, I became more aware of what we here consider the basic health provisions of a circumstance. For example, the use of basic antibiotics to fight infections in children are much more easily attainable and provided for those who need it here, whereas the same cannot be said for the hospitals in the developing world.

Describe ways in which childhood obesity is affecting paediatric healthcare in developed countries

Evidence has shown that nearly a third of children between the ages of 2 and 15 are overweight or obese . With the increasing prevalence and steady rise in childhood obesity in the UK, it recognised that the healthcare would be changing in keeping with these changes.

As aforementioned, children who are overweight or obese are more likely to develop other associated diseases younger in life and in their adult life. Many of these conditions are associated with the metabolic syndrome, and lead to potentially life-debilitating conditions such as cardiovascular disease, cerebrovascular disease and diabetes. Thus, in effort to reduce the risk of such diseases and conditions from arising, it is essential that preventative measures are taken from early on in life.

The way in which changes are being ascribed with regards to paediatric (as well as adult) healthcare stems from aiming to commence a long-term and sustainable approach through local communities, schools and family involvement. The government has approached the topic of obesity numerous times in the past decade, and have set out plans of action to combat this growing epidemic.

For example, within schools, here is a move to co-ordinate and better the quality of sport and physical programmes available for the schoolchildren, and more investments being made to promote children walking and cycling to school. Moreover, action to make school food healthier has been in place for several years in effort to provided healthier and more nutritious food for children. Other strategies involve clearer labelling of food products and enabling health professionals to support families with making healthier choices in different aspects of life.

Explore further the field of general paediatrics and learn and develop skills that will enable me to be a better junior doctor

During my elective placement here, I spent time on the ward, clinics and in theatres, which exposed me to different clinical cases in different settings. From presenting and examing in ward rounds, clerking in the emergency department and assisting the paediatric anaesthetic team, I gained invalable skills of working and interacting with children and their families. Learning different techniques to examine and gain a child's trust during examination was something I personally found to be an improvement in paediatric clinical skills, as this was an area I felt I required some confidence in previously.

On wards, assisting with the foundation doctor jobs provided me with exposure of what their role entails in a paediatric rotation, but also on a general basis. Learning from the junior doctors in various positions of the team helped me to gauge and understand the potential hurdles I may face when beginning my job as a doctor in a few weeks.

The vital role of maintaining a good work relationship with different profession within the multidisciplinary team was something I took note of. I also learnt the importance of not being afraid to ask for help or to make mistakes. As a foundation doctor, it is inevitable that there will be many jobs that – as medical students – we were not aware of needing doing or how to do. I observed, that it is good to ask for help from those with more experience. This is definitely a trait that I feel is key to my progression from a medical student to a trainee doctor.