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PAEDIATRICS

Dual Elective Report

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What are the common Paediatric conditions seen in New York and how do they differ to those seen in the UK & India?

Working at the Paediatric Emergency Department of the Morgan Stanley Children's Hospital allowed me to see a vast array of conditions ranging from otitis media to Nursemaid's Elbow. Although the ER has two divisions – similar to the UK's system of Majors and Minors – cases seen on the sub-acute "Minors" side would in the UK be dealt with by GPs and out-of-hour services. Early on I was told to expect many cases of asthma exacerbations given that Washington Heights is renowned for its large asthmatic population. While a few children did attend the ER with exacerbations of asthma; given the nature of my shifts I saw more cases of pharyngitis, otitis media and viral gastroenteritis. However, I found that cases I saw varied according to the shift; and strangely I would often see multiple attendees with similar problems come to the ER on the same night.

In Bangalore I decided to sit in the paediatric outpatient department. A typical clinic saw at least 40-50 patients; which included follow up appointments, referrals and on-the-door presentations. Given the tropical climate, infectious diseases were common, especially malaria and Dengue Fever. However, I also saw many cases of ADHD, seizure disorders and connective tissue diseases.

How is healthcare delivered in the US and what salient features differentiate it from the UK's NHS and the health systems in India?

While the UK's NHS is free at the point of care and is funded solely by the state i.e. through the tax-payers money, the US utilises both private and government funded healthcare. Private Health Insurance can be bought into with premiums being paid to these companies, whilst government funded care is means-tested, for example Medicaid. Interestingly enough things I had never considered before like the computer systems used to enter medical records were also privatised and different companies would bid for hospitals to use their particular system. It became clear to me that an emphasis was placed on the management of the healthcare systems as some USA medical students were keen to pursue an MBA following completion of medical school.

It surprised me to find that the health professionals themselves are not directly involved in the cost of the care they are providing. Instead this was handled by the many administrators who roamed the ER corridors collecting patient's insurance details. Additionally different insurance schemes cover different investigation and treatment options. I often overheard doctors discussing which medications were included on the Medicaid insurance scheme and which weren't. Thus, while most doctors didn't know how the billing worked; they were aware of the variable insurance policies and how it could affect the patient's management. In comparison, over the last couple of years I have noticed an increased tendency for UK doctors to practice "cost-effective" medicine and many of the NICE guidelines account for the cost of investigations and treatments into the management of disease.

At present India has both private and government hospitals, but the difference in patient care is very apparent to the general public. While government hospitals are normally free, waiting times are excessive, investigative services limited and management dependant on resources. Private hospitals on the other hand – costing anywhere up to Rs. 5000 offer a premium service; many having state of the art facilities and located in prime real estate.

St Johns, although a private hospital, is one of the cheapest – explaining the large volume of patients seen. However, resources were limited, hand hygiene scarce, and although most doctors wore white coats, they were not bare-below-the-elbow. The lack of equipment surprised me. There were no computers – all records were hand written, reports were given to the parents to carry and replacing otoscopes were ENT referrals. The biggest difference, though, was the complete lack of patient confidentiality. It was routine for doctors, nurses and even other patients to barge into the room in the middle of a consultation. In one clinic, two sets of patients were seen in the same room, side by side.

Health related objective: To use my clinical acumen to correctly investigate and manage Paediatric patients. I hope to utilise both placements to partake in audits/research where possible.

During my time at the ER I saw a variety of different aged children, but most would come in with a similar presenting complaint; and that was a high fever. The younger the child the more important a thorough examination became, and that in combination with assessment of the "wellness" and "hydration" of the patient formed the crux of the workup. This presenting complaint was so common, that specific CHONY guidelines had been drawn up on detailing the correct workup and management of these patients. This helped me appreciate the usefulness of such documents, and I hope to utilise these in my future practice.

I had many opportunities to practice my ENT examination - which I always felt was my weakest examination - given the large number of pharyngitis cases I saw come into the ER. I now feel a lot more confident about conducting these examinations on a crying child and I was also fortunate enough to be taught how to perform and analyse a rapid strep test. Streptococcal pharyngitis was one of the most common differentials; and one important learning point for me is to remember that it can present with atypical symptoms.

The busy nature of the clinics in St Johns and due to the language barrier I mostly observed and occasionally examined patients but never saw anyone on my own. The large number of tropical diseases seen was not only interesting to learn about; but I now remember to add them to my differential. I saw a 10 year old child with splenomegaly and was asked about the possible cause. I listed what I had learnt for finals, but neglected to mention Malaria. Given the population in East London are mostly migrants, tropical diseases and their presentations should not be neglected.

To compare the learning opportunities received in India/USA to those in the UK. To reflect on interesting cases I come across during my elective period.

During my time at Morgan Stanley I was fortunate enough to be able to do multiple on-call shifts and I value this training immensely. Although I have completed overnight shifts in the UK, here at CHONY I was incorporated into the team, clerking my own patients and ensuring the correct follow up. At the end of the shift any patients that were still under my care I had to handover or "Sign-Out" to the incoming residents. This has really helped me bridge the gap between being a medical student and becoming a doctor. Towards the end of my placement I

saw more and more cases of small fractures and injuries to the extremities; I felt more confident at working up these patients and ensuring that I reviewed their images. It was nice to see my examination findings being consistent with the radiology results; and as patients I clerked were effectively "my" patients; I was also in charge of explaining the diagnosis and answering any queries.

In India less emphasis is placed on defensive practice and more on providing cheap medical care. One such example was when an 8 year old well looking boy came in with a ten day history of diarrhoea; and the consultant decided to prescribe antibiotics. I questioned why no stool cultures were ordered; and the reply I got was that ordering this would cost Rs. 300, the parents would need to book another appointment – another Rs. 100, and if the result came back positive antibiotics could be another Rs. 500. While this is not a lot of money, in fact the consultation charge itself equates to a £1, the population St John's serves are very poor and can barely afford the medications. So while in the US, investigations are sometimes ordered "to be on the safe side", clinicians in Indian government hospitals rely solely on history and examination findings. For me this emphasises the importance of something like the NHS and how beneficial it can be to those who are less well-off.