

DAVID SIMS  
SIMS

GENERAL  
MEDICINE

as a fairly comprehensive pharmacy, these are also free however the medications are not.

The final level is district hospitals of which Ramechaap has one, however there are a few private hospitals and one co-operative funded hospital (Tamakoshi hospital) these are all primarily funded by out-of-pocket contributions. Any more complex procedures have to be carried out in Kathmandu, approximately 8 hour ambulance drive away, despite being just 120 km from Kathmandu.

In the UK there are similarities and differences between how care is provided and funded in comparison to Nepal. There are definitely parallels between sub-health posts and GP practices as both are the closest geographically to the communities they serve and also are free at the point of use. However the care we receive at home is by doctors that have trained for at least 10 years (from the beginning of medical school to completion of GP training) this is in sharp contrast to the 18 months training the 'Community medical assistants' receive.

Hospital care is different in the UK as it is free at the point of use, this is unlike care in Nepal. Paying for care adds some good incentives such as limiting doctors to just actually asking for investigations they actually need as opposed to just blindly ordering numerous tests. However also some patients tried to avoid having the tests and just demanding the treatment only to save money but this led to an over prescription of antibiotics to people who probably did not need them.

### **Health related objective**

My objective was to enhance my ability to see patients both efficiently and effectively. My placement at Tamakoshi was a great opportunity to do this. We saw a high turnover of 'GP style' patients with English speaking doctors and health assistants in a safe and supported manner. This particularly has given me significantly more confidence in my history taking ability as well as my ability to pick up clinical signs especially in chest auscultation. We had many patients with chest infections as well as hearing a large number of viral wheezes in children.

We also had a small amount of emergency experience which was also valuable in practicing ABCDE and fluid resuscitation management again with great support from other staff.

### **Personal/professional development goals. Must also include some reflective assessment of your activities and experiences.**

One of my main experiences was feeling ever so slightly embarrassed that the health assistants with essentially half a medical degree often were much better at reaching a diagnosis and appropriate management plan in some cases. This is understandable in conditions that in the UK we are lucky enough to not come across such as typhoid fever. However I did find that

t my knowledge was lacking on very common infections especially fungal rashes and injuries especially on x-rays of fractures. It made me realise that I know more about rare and very specialist things such as cyanotic heart disease. This made me even gladder I had this experience as I am now happier with this management.

DAVID SIMS

## Elective Reflection: Appendix 4

Name: Dates of elective: 30/4/13-26/5/13

Elective address: Tamakoshi Hospital, Manthali, Ramechaap, Nepal

Elective contact / Supervisor: Dr Suman Karmacharya,

Contact address / Telephone / E-mail of elective placement: skarma2005@yahoo.com

Subject: General medicine

Was it what you expected?

It wasn't just what I expected it was better! The staff were great to work with and they gave us a good level of responsibility, in seeing our own patients however with support from a senior physician when we needed it. The language barrier was not a problem as they had trained medical assistants (which basically have done half a medical degree) which speak fluent English which we assisted them in their clinics.

Clinical experience?

I had a large amount of exposure to common infections to Nepal such as Typhoid and TB as well as many fractures and injuries. We saw patients mainly in a GP style clinic where we had the opportunity to ask for blood tests and X-rays more quickly than we do in the UK. This gave us a good opportunity to see how good our clinical skills were at diagnosing the underlying condition. Also as each patient has to pay for tests it really made me think about which tests I actually needed instead of blindly ordering a variety of investigations. This clinical experience was an invaluable confidence boost before starting work.

What did you learn about the people and the country?

The Nepalese are a wonderfully happy people despite having very little. They are friendly and were very grateful to us for travelling to this very remote part of Nepal. In the rural areas they all have particularly challenging lives, especially the women, with carrying water long distances and lacking anything else other than very basic food. Nepal has also had a large number of young men migrate putting strain on their wives and children who remain to look after the farm.

What did you learn about the health care professionals you worked with?

The health professionals were very good, particularly at treating and diagnosing acute problems. I was very impressed to see that they have a variety of skills such as ultrasound as well as being able to cast fractures. They unfortunately have a habit of over prescribing antibiotics but refusing to give these drugs is more difficult in Nepal as people have usually travelled 5+ hours to get to the hospital, so in the back of one's mind you worry about sending someone who is quite unwell away without antibiotic cover.

They were less good at treating chronic problems with conditions such as heart failure or post-MI management being the worse cases. For example we advised a doctor to give a patient aspirin lifelong for a patient who had an MI a week previously, he then proceeded to prescribe it for just 5 days.

What did you learn about the health care system in that country?

Rural areas of Nepal, such as Ramechaap district where the vast majority of patients at Tamakoshi hospital live, the health care is structured systematically throughout the district. Nepal is divided into district of which each district has 1 general hospital (in Ramechaap's case this is a government hospital which is funded by out of pocket contributions). It is then split into 90 "village development committees" these all have 1 health volunteer who is responsible for polio vaccination, death statistics and health education. They also have 1 mother and baby volunteer which is trained in a very basic level of midwifery.

Groups of village development committees (usually around 5 village development committees) have 1 sub-health post where they receive very basic care from a trained nurse/midwife and a 18-month trained a "community medical assistant" who is trained to

prescribe 32 different types of medication, mainly antibiotics (which are widely over-prescribed), painkillers, contraception and anti-depressants. These are government funded and are free at the point of use.

The next level up is groups of 11 village development committees have 1 health post which are run by "health or medical assistant", they have received around 3 years of training and are reasonably competent in most general medical problems, however they lack the capacity to do basic blood tests and imaging. They also contain a trained midwife and nurse as well as a fairly comprehensive pharmacy, these are also free however the medications are not. The final level is district hospitals of which Ramechaap has one, however there are a few private hospitals and one co-operative funded hospital (Tamakoshi hospital) these are all primarily funded by out-of-pocket contributions. Any more complex procedures have to be carried out in Kathmandu, approximately 8 hour ambulance drive away, despite being just 120 km from Kathmandu.

What were the best bits?

The level of clinical exposure, as well as being kept busy unlike most hospital placement in the UK unfortunately.

What were bits you least enjoyed?

None – though it would have been nice to have some opportunities to see how they processed X-rays.

Were there any shortcomings?

None – though occasionally communication was not as good as it should have been, which occasionally caused confusion in terms of where we should be at certain times.

Would you recommend it to another student?

Yes definitely

Would you do anything differently?

No

What did you learn about yourself?

I learnt that I know too much about obscure diseases and not enough about what people actually get.

Where there any deviations from the risk assessment?

None

How was your accommodation?

The accommodation was basic but nice with a cold shower, comfortable bed and a western toilet. The food was provided, it was the same twice a day (Dhal Bhat – Nepal's favourite dish) but very tasty.

How were your travel arrangements?

A connecting flight from Heathrow via Oman to Kathmandu. It was then a ten hour bus ride to the hospital, the bus ride was very bumpy and very uncomfortable.

Other experiences and information useful to future students:

Go to this hospital it's great!