

Elective Report

Introduction

In April 2014 I travelled to Sri Lanka to undertake an elective in General Medicine and Anaesthetics at Kandy General Teaching Hospital. Kandy is situated in the Central Province of Sri Lanka and is known as the 'cultural hub' of the country. Located in 'Hill Country' the area is picturesque and extraordinarily green, with stunning views and scenery at every turn.

As one of the most religious cities in Sri Lanka, Kandy exhibits a vast number of religious and cultural sights including the Temple of the Tooth, said to be home to the actual tooth of Buddha and declared a world heritage site by UNESCO in 1988. Kandy is also famous for its vast tea plantations and of course its outstanding Kandyan dancing which is performed every evening in the city.

Kandy General Teaching Hospital is the second largest hospital in Sri Lanka and has over 3000 beds available to patients. It is affiliated with the University of Peradeniya and takes undergraduate medical students during their clinical years. The hospital has 79 Wards and 13 specialists units for inpatients. It also consists of 10 ICUs and 24 Operating Theaters. There is a large outpatient service and an emergency treatment center situated within the hospital.



Kandy General Teaching Hospital, Obstetrics Unit. April 2014.

General Medicine Placement

Kandy Hospital has 6 general medicine wards and I was assigned to the male ward under the care of Dr H Wilamaratne, General Physician. In addition to the registrar, 2 SHOs and 2 junior doctors there were 6 medical students from Peradeniya University.

The healthcare system in Sri Lanka is such that patients do not have access to primary care, but instead present directly to the hospital when care is required. This often means that patients present later with disease that, in the Western healthcare systems, are easily managed but in Sri Lanka the disease tend to be more serious and more developed. An example of this is patients with COPD, they

do not often present until they have succumbed to a serious case of pneumonia and in several cases this is fatal.

The most common presentations that I encountered on the general medical ward included snake bites, pneumonia, Dengue fever, Malaria and complications of Diabetes for example leg ulcers and renal impairment as a results of poorly controlled diabetes. Interestingly, if a patient had been bitten by a snake they would often bring the offending snake with them to the hospital! Fortunately I never personally experienced the fate of the snake within the hospital but supposedly venom would be extracted and an anti-venom tested against the extract.

Dengue fever was an interesting new disease for me due to the fact that it is not seen in the UK.

The general layout of the day consisted of a morning ward round at 8.30 am attended by all doctors and medical students. Contrary to practice in the UK, the nursing staff did not accompany the doctors on the round. Led by the consultant, each patient's notes were reviewed and then the patient was usually examined and any imaging analysed. There were no systems in place for gaining patient consent and the Sri Lankan medical students explained that all consent was assumed due to the fact that the patient was present on the ward. Clinical examination was swift and at times slightly aggressive if the patient did not feel like cooperating! Even though there were frequently more than 50 patients on the ward, the round itself never took longer than 3-4 hours which I found surprising given the volume of patients. In comparison with ward rounds at home, a post-take ward round of 50 patients could take the best part of a week in my experience!

The afternoons consisted of taking patient histories (with the help of translation by the Sri Lankan students) and clinical examinations. Endoscopy was also performed by the Consultant in the afternoons. I was able to observe several endoscopies and paid particular attention to the drugs used for sedation due to my interest in anaesthesia. Midazolam was given to the patient, however oftentimes it was given immediately before the procedure was commenced, meaning there was insufficient time for the drug to have its sedative effect. Buscopan was also given to relieve gastric cramping.



Consultant performing upper GI Endoscopy on General Medical Ward. Photo taken with patient's verbal consent.

I enjoyed my 2 weeks on the male General Medical ward and had the opportunity to learn about tropical disease that I had had little experience of previously. I enjoyed working with the Sri Lankan medical students and learning about how their curriculum differed to the one at Bart's and found it interesting that due to certain cultural aspects, clinical examination was not carried out by the students as frequently as it is by UK medical students. I took this opportunity to deliver a small amount of teaching and informal sessions in an attempt to boost their confidence with clinical examination skills, and encouraged the students to practice on each other prior to OSCEs in future.

Anaesthetics Placement

I was fortunate enough to be placed with Dr Karunaratne, Consultant Anaesthetist for 2 weeks to observe and assist in a variety of different theatres including Obstetrics and Gynaecology theatres, Urology theatres, ENT theatres and General Surgery theatres.

During my 2 weeks anaesthetics placement in the UK the main focus of teaching and assisting was in airway management skills. I was keen to develop these skills, particularly intubation and did indeed improve my intubation technique over the 2 weeks. I also got the opportunity to assist with fiberoptic intubation on a patient with a particularly difficult airway. I was also lucky enough to be able to assist initially, and then later on independently (with supervision) perform subarachnoid (spinal) blocks which included the administration of local anaesthetic prior to spinal administration of heavy Bupivacaine. This was both very exciting, although quite daunting given the area the drugs were being administered into! It was extremely useful to learn all of the important anatomical landmarks and practice positioning the patient correctly after learning the great importance of this.

The quality and frequency of teaching by anaesthetic registrars and consultants at Kandy hospital was second to none. All doctors were extremely enthusiastic and keen to know which areas I particularly wanted to have teaching on. I was lucky enough to receive teaching on anaesthetic emergencies, local anaesthetic use and regional anaesthesia, how to recognise a difficult airway and how to manage a difficult airway, among other snippets of teaching during surgery.

I had the opportunity to observe operations and saw some striking differences between surgical practice in the UK and Sri Lanka, for example the use of small generators when the power cut out, which happened remarkably often! Disposable scrub gowns and masks are not used but are sent off to be washed at the hospital. There is no such concept as double-gloving for surgeon's – this was seen as a complete waste of surgical gloves. In comparison to the relationship between doctors and nurses on the medical ward (almost non-existent) the scrub nurses and surgeons and anaesthetists worked together extremely well and showed excellent team work skills, particularly during said power cuts!

Conclusion

Overall my placement at Kandy general Teaching Hospital was one of my most enjoyable placements since being at medical school. I feel that my practical skills in anaesthesia have improved significantly and my confidence in both medicine and anaesthesia has grown considerably. It has prepared me for the challenges that lie ahead in my Foundation years, I am sure.

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