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Elective Report Ernakulum Medical Centre

Learning Objectives

To gain further experience in a specialty that you are interested pursuing a career in

Following my final medical school examinations, I decided to do my elective in an Indian hospital as I have always wanted to travel to India and to learn more about its culture. Having only done 4 weeks of paediatrics in my fourth year at medical school I felt that I wanted to explore it further as a career, thus joining the paediatric team at Ernakulum medical centre. The team consists of 8 consultant paediatricians and many specialist neonatal and paediatric nurses. Ernakulum medical centre is situated on the outskirts of Ernakulum, a suburb of Kochi in the southern Indian state of Kerala. It is a private hospital and tertiary referral centre for neonatal and paediatric patients with 30 beds in this unit.

During my first week at the EMC I attended the daily ward round with the lead consultant which started at 8.30am. It began in the neonatal intensive care ward; many of the patients were premature babies with complications such as respiratory distress syndrome, neonatal hypoxia, bronchopulmonary dysplasia and transient tachypnoea of newborn. I learned about the management of intracranial bleeds in neonates. I also attended several caesarian sections; one case was particularly interesting as the patient required intubation minutes after birth. I had never seen a paediatric intubation prior to this. This particular patient later required ventilation with CPAP, and developed a pneumothorax as a result requiring a chest drain. Another baby on the unit was born with a congenital diaphragmatic hernia, a condition I had also never come across during my previous placement. I had the opportunity to observe the repair of this patient's diaphragm in theatre and the operating surgeon very kindly explained the procedure as he operated.

I also attended several pediatric outpatient clinics, during which I saw many conditions which I had previously seen in the UK such as croup, bronchiolitis, and pharyngitis. I also saw some cases which were rarer such as ectodermal dysplasia and a young female patient who had been treated for a spindle cell lung tumour.

During the ward rounds on the general paediatric wards I saw several interesting cases including a baby with staphylococcal scaled skin syndrome, and many patients with more general complaints such as gastroenteritis. On the paediatric intensive care unit, there was an infant who had been found submerged in a water tank that was resuscitated and made a full recovery. Another 2 year old patient presented in status epilepticus and I watched my consultant and the PICU nurses carry out a lumbar puncture. I also saw an 8 month old girl who had been involved in a road traffic accident leading to a fractured femur and subdural hemorrhage. I had the opportunity to watch the burr hole evacuation of this patients intracranial bleed, and again the neurosurgeon was very keen to teach and to explain the procedure as he operated.

I feel that this experience has strengthened my interest in paediatrics as a career, as I find the breadth of pathology a challenge and quite fascinating, as well enjoying the practical skills required in an intensive care setting. I found the doctors on the paediatric team at Ernakulum medical centre to be very

dedicated to their work, and passionate about their patients. The team spirit evident between medical and nursing staff was inspiring, and this experience has furthered my desire to apply for a paediatrics job during my foundation year training.

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

I had initially intended to do part of my elective on the lifeline express; a hospital train which provides care to extremely rural and poor parts of India, and to then compare this experience with that in a specialist centre in India. Unfortunately, due to the elections in India the hospital trains services were cancelled during my elective. As most of my elective has been in a tertiary referral centre I feel that many of the conditions I have seen are similar to those I had observed in the UK. However I did notice that infectious disease was more common, with several patients presenting with measles, a disease that I have not come across before in the UK. I also learned that children in the south of India do not routinely get a meningococcal meningitis vaccine as patients do in the UK, due to the low incidence of meningitis in this part of the world. I found this interesting as during my previous placement in paediatrics, much of our teaching was focused on recognizing meningitis.

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

Health care in India is provided by several different sectors. The government provide free healthcare to patients who are from poorer backgrounds through primary care centres, and via rural, district, specialist and teaching hospitals, in addition to community health centres. Healthcare is also provided to this population via health insurance schemes for those employed by the government. Private healthcare is the major provider of care in India and it is received through private hospitals, polyclinics, nursing homes, and general practitioners. Other forms of healthcare delivery include indigenous systems of medicine such as Ayurveda, Siddha, Unani, homeopathy, as well as non-governmental organizations and charity. As my elective was based at a private hospital, I found it an interesting comparison to the mainly government provided or NHS based healthcare I have been exposed to in the UK. It was also interesting to learn that the traditional forms of medicine such as are homeopathy are commonly used here, while their use is sometimes questioned in the UK. I also noticed that there are many private centres offering MRI and CT scanning services, and when I asked the doctors at my hospital about this, they explained that at government hospitals it may take several months to access these services hence the large numbers of private centres. Due to the population of India and the fact that it is a developing country, it seems that perhaps the government hospitals are providing the best care that they can. However my experience here has made me realize that unfortunately India's poorer population may struggle to access healthcare, while perhaps in the UK the NHS gives more equal access to all populations.

Compare the experience of being a medical student in the UK with that in a south Indian private hospital

Of note as Ernakulum medical centre is not a teaching hospital there are no junior doctors working on the wards, or other Indian medical students. The nurses do many of the basic procedures such as blood taking, cannula insertion while the consultants oversee and do the more complex procedures such as lumbar puncture and chest drain insertion. The fact that Ernakulum medical centre is not a teaching hospital provided me with a very new experience. In the UK it is usually possible to shadow the junior doctors and to learn from them regarding career progression, and general ward duties. Here I shadowed consultants on the ward round which meant that my teaching was focused on the pathology the patient has presented with which was very useful. I also observed experienced clinicians carry out procedures such as lumbar puncture, paediatric intubation and chest drain insertion.