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Reflection on elective placement in North District Hospital, Hong Kong

During my placement in North District hospital, I have shadowed doctors in outpatient clinics, endoscopy suite, minor operating theatre and operating theatre. In outpatient clinics, I observed consultations with patients with thyroid diseases and lower GI diseases. Most of the patients with thyroid diseases are relatively young presenting with thyroid nodules and goitres. Many of them worry that they may have thyroid malignancy but this is reassured by the consulting doctor that this is very unlikely. I was allowed to examine the patient and the doctor showed me how to feel for different thyroid lesion. The initial investigations are determined by clinical history and examination, ultrasound scan of the lesion and fine needle aspiration of the lesion as determined by the radiologist during the ultrasound scan. If the test results show the patient is deemed to have an operation, it will be booked in the follow-up clinic. Patients with lower GI diseases have an older age profile compared to those with thyroid diseases. From the discussion with the consulting doctor, I have learnt that most patients are aimed to be discharged within 5 days of the day of operation. Also, the decision to offer operation to older patient is determined largely on initial fitness of patient and the postoperative life expectancy of the patient. If the patient is unfit for operation, other treatment modality is offered, such as chemotherapy and radiotherapy.

I observed colonoscopy, oesophago-gastro-duodenoscopy (OGD) and ERCP in the endoscopy suite during my placement. For colonoscopy and OGD, each case takes about 15 minutes to finish and the next patient will be ready as soon as the previous case is finished. During colonoscopy, the doctor showed me the anatomy of the colon and different landmarks when viewed from within. Most OGD shows gastritis, in which case a biopsy is taken from the lesion to determine the presence of H.pylori infection. The doctor in the endoscopy suite also showed me how to handle the endoscope and the technique involved in the OGD examination. I found ERCP most interesting because the procedure involves both endoscopic examination and radiology in the same setting. After observing the procedure, I can appreciate how ERCP is the gold standard in treating common bile duct stones.

I observed thyroid surgery and lower GI surgery during my attachment in the operating theatre. I was intrigued by the type of anaesthesia used during head and neck surgery and I stayed during the induction of aesthesia to observe airway management. During the thyroid surgery, I was allowed to scrub up and observe the surgery close to the patient. The operating surgeon explained to me various surgical techniques during the operation such as looking for the correct plane during dissection. The surgeon also showed me the advantage of using nerve conduction study in avoiding damage to the recurrent laryngeal nerve. The surgeon also showed and quizzed me on the anatomy of the thyroid gland and the blood supply to the thyroid gland.

I learnt that in Hong Kong, graduating doctors has to do a one-year placement of house officer before they can choose their training pathway. The pathway is largely similar to that of in the UK and in surgery it usually takes around 10 years to finish the training. For foreign doctors like myself, we need to take a licentiate exam in

order to be able to practice in Hong Kong. From this placement, I can see that the workload of doctors especially the junior staffs are very intense, but I also realise the training in Hong Kong is of world-class standard. I would love to practice in Hong Kong if I have the opportunity to do so.