

## **ELECTIVE (SSC5a) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Exploring the differences in how emergency medicine is practiced in the UK versus Thailand.

### **Intro:**

I am a final year medical student from London placed in a Thai hospital for a short elective period. I am in the emergency department (ED) and will be examining the similarities and differences of the Thai and British healthcare systems that I uncover.

### **Examine the disease/illness pattern prevalent in Thailand and analyse its implications within the broader framework of global health.**

When examining disease patterns prevalent in Thailand's healthcare system, it became apparent that certain trends hold significant implications within the broader context of global health. For example, within the emergency department, I noticed a stark contrast in the patient demographics compared to that of the UK. In particular, I identified that in Thailand's ED, almost all the patients were of Thai background, generally older with normal-low body mass indexes. This differs to the UK where patient ages usually range significantly, as do their diverse backgrounds. In particular, patients in the UK often have higher body mass indexes and all the associated pathology that comes with it. Furthermore, I noticed that patients were presenting into ED with far more advanced presentations such as ascites. This could be due to many reasons such as financial limitations or lack of awareness. Lastly, I observed surgical masks worn by both patients and healthcare professionals all over the hospital premises as well as a dedicated covid positive chamber in the resuscitation room. This highlighted the continued prevalence and severity of the Covid pandemic in Thailand, shaping healthcare practices and priorities within the country's medical landscape.

### **Examine the healthcare provisioning pattern in Thailand and compare it to the UK.**

Examining the healthcare provisioning patterns in Thailand and comparing them to those in the UK reveals intriguing differences in organisational structures and patient management approaches. In the UK, the Accident and Emergency department is compartmentalised into distinct units, such as Majors, Minors, and resuscitation units, alongside sister units like the Acute Care Unit and Same Day Emergency Care Unit. Contrastingly, in Thailand, patients with significant medical problems are consolidated into a single, large room similar to the Thai version of a majors unit. Despite a comparable patient population size of around 40-50 individuals in both settings, the spatial allocation for patients in Thailand was much less. A striking observation was the arrangement of patients on hospital trolleys, positioned closely side by side with minimal space between them, lacking permanent bays and requiring repositioning of trolleys to accommodate new arrivals. Notably, the absence of permanent bays led to the different arrangement of bedside equipment such as drip stands and patient labels directly attached onto the beds. However, amidst these differences, some brilliant systems were also observed, such as the implementation of plastic placard signs saying 'bleeding risk' and 'nil per oral', providing a visibly effective strategy for the reduction

of errors. Furthermore, the hospital's use of both paper and electronic notes mirrored the documentation systems commonly seen in the UK, and the familiarity of equipment, from cardiac monitors to ventilators and infusion pumps, underscored the universality of medical technology across borders.

In addition to this, I attended an advanced cardiovascular life support and airway management workshop organised for the Thai medical students. Here I discovered much of the equipment used in the UK such as defibrillators, video laryngoscopes, direct laryngoscope, LMAs and endotracheal tubes were exactly as those used in Thailand. I was lucky enough to be trained to use these again along with practicing the cardiac arrest algorithm for basic life support which was once again alike to the one used back home. This illustrated to me that although Thailand is a developing country, its medical advancements and strategies mirror those used internationally.

**Examine the cultural and social determinants of health in Thailand and their impact on health outcomes, seeking to understand how cultural factors influence healthcare-seeking behaviour.**

Examining the cultural and social determinants of health in Thailand reveals how cultural factors significantly influence healthcare-seeking behaviour and ultimately impact health outcomes. There was an emphasis on security, with a notable presence of security guards and CCTV cameras throughout hospital premises, reflecting Thailand's prioritisation of patient safety and security, potentially influencing patient perceptions and comfort levels within healthcare settings. I was also informed of the healthcare financing structure, where emergency care is initially provided free for the first three days but inpatient care typically requires payment. While public-funded hospitals exist, the prevalence of private facilities may pose barriers to healthcare access for individuals with a lower socioeconomic status, highlighting the relationship between financial considerations and healthcare-seeking behaviour in Thai society. Understanding these cultural and social determinants is crucial for designing equitable and accessible healthcare systems that address the diverse needs of the population while ensuring optimal health outcomes for everybody.

**Acquire firsthand experience in the Thai healthcare system to broaden my clinical skills, strengthen my adaptability to different medical contexts and contribute to my overall professional development as a future healthcare practitioner.**

Acquiring firsthand experience in the Thai healthcare system has proven invaluable in broadening my clinical skills and enhancing my adaptability to diverse medical contexts, ultimately contributing significantly to my overall professional development as a future healthcare practitioner. Despite the language barrier posed by the predominantly Thai-speaking patient population, the presence of English notations in medical records and the proficient English skills of fellow Thai medical students allowed effective communication and understanding. Witnessing the similarity in basic observations conducted by nurses and observing medical students clerk patients in teams, with senior students leading history-taking and examination, provided me with insight into the collaborative nature of healthcare delivery in Thailand. Additionally, I had the opportunity to observe the adeptness of Thai medical students in performing investigations such as ultrasound scans, enabling the identification of pathologies like renal cysts and hydronephrosis. This firsthand exposure highlighted the importance of teamwork and interdisciplinary collaboration, underscoring the support systems crucial for managing complex cases efficiently. I hope to

use the skills I saw here in my own future practice to ensure I am a competent, well rounded and empathetic doctor.

## Conclusion

In conclusion, my medical elective experience in Thailand has been nothing short of extraordinary, offering a profound immersion into both the rich cultural aspects and the intricacies of healthcare delivery in this dynamic setting. Through keen observation, I've identified numerous similarities and differences between Thailand and the UK, allowing a deeper appreciation for the ever-evolving landscape of medicine. Particularly striking was the palpable sense of gratitude and respect bestowed upon doctors in Thailand, a testament to the profound impact of healthcare practitioners in the lives of individuals and communities. This display of respect and admiration has left a marked impression, serving as a reminder of the great responsibility inherent in the practice of medicine. As I begin my journey as a future healthcare professional, I am inspired to also show the warmth and dedication witnessed in Thailand, and to uphold the values of compassion, empathy, and excellence in patient care.