

ELECTIVE (SSC5a) REPORT (1200 words)

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

I have undertaken my elective placement with the Community Medicine team based at Karapitiya teaching hospital.

I learned that the public healthcare system in Sri Lanka is operated and managed by the government through the Ministry of Health. It comprises a network of hospitals, clinics, and healthcare centers across the country. These facilities provide a range of services, from primary healthcare to specialized medical care. The public healthcare system is funded by government budgets, supplemented by donor assistance and user fees. Primary healthcare services are widely available in Sri Lanka through a network of government-run health centers, known as "MOH" (Medical Officer of Health) areas. These health centers are where I have undertaken my Community Medicine placement and they provide basic medical services, including preventive care, maternal and child health services, immunizations, and treatment for common illnesses. I will cover more about the community team below.

Secondary and tertiary healthcare services, including specialized medical care and advanced treatments, are provided through government hospitals and teaching hospitals located in major cities across the country. Karapitiya Teaching Hospital is an example of these and we were fortunate to receive a tour of the site. These hospitals offer a wide range of medical specialties and advanced medical technologies.

The private healthcare sector in Sri Lanka consists of private hospitals, clinics, and medical practitioners. Private healthcare facilities vary in size and specialization, ranging from small clinics to large hospitals offering advanced medical services. Private healthcare services are often preferred by those who can afford them due to perceived better quality and shorter waiting times. While observing a clinic run for those with risk factors or diagnoses of diseases like hypertension and diabetes, I saw that the basic blood tests only covered a few parameters, and that patients were encouraged to get private blood tests which could show more detail (e.g. a breakdown of cholesterol levels compared to the publicly funded test which only showed total levels).

In my placement with the Community Medicine team, I have seen the wide range of services they provide. Community healthcare teams are responsible for delivering a range of primary healthcare services directly to the community. This includes preventive care such as immunizations, health education, family planning services, and screening for common diseases such as hypertension and diabetes.

I have sat in on a maternal health clinic. I saw that ensuring the health and well-being of mothers and children is a priority for community healthcare teams. They provide antenatal care, postnatal care, and support for safe childbirth practices. They also conduct growth monitoring and immunizations for infants and young children, as well as providing education on nutrition and child-rearing practices. I was able to read through the books that mothers are provided which has a range of information including growth charts and advice on breastfeeding. We enquired about what happened if patients couldn't read; we were advised that literacy rates are very high and in the case that someone is unable to read, then the public health midwives will make sure that they explain the information thoroughly.

Community healthcare teams engage in health education and promotion activities to raise awareness about various health issues within the community. They conduct health campaigns, workshops, and community meetings to educate residents about topics such as hygiene, sanitation, nutrition, and the prevention of common illnesses. I was able to read a number of the posters in the community team office that advised on different methods of contraception; I was interested to see that once a couple are married they are put on a register to receive advice regarding conception or contraception. This differs to the UK

where people must proactively seek out contraception and advice but it is not limited to those who are married.

Community healthcare teams often conduct home visits to reach individuals who may have difficulty accessing healthcare services due to mobility issues, lack of transportation, or other barriers. These visits allow healthcare workers to provide personalized care, assess the health needs of individuals and families, and provide follow-up care as needed. I am hoping to conduct a home visit over the course of my placement as I would like to see more of how people live.

Community healthcare teams serve as a link between the community and higher levels of healthcare services. They identify individuals who require specialized care or treatment beyond what can be provided at the community level and facilitate referrals to hospitals or clinics for further evaluation and management. I saw that people are referred to the district hospitals but if they can afford it they can go to a private practitioner, the cost of which is substantially cheaper than in the UK.

Community healthcare teams play a crucial role in disease surveillance and outbreak response efforts. They monitor the health status of the community, identify outbreaks of infectious diseases, and implement control measures to prevent the spread of illness. During public health emergencies such as epidemics or natural disasters, they collaborate with other healthcare providers and authorities to coordinate response efforts.

Community healthcare teams also work closely with community members to empower them to take charge of their own health and well-being. They promote community participation in healthcare decision-making, encourage the establishment of community health committees, and support initiatives that promote community health and resilience.

My final objective was to understand how healthcare is provided when there is a language barrier.

Providing healthcare when there's a language barrier can be challenging but is essential for ensuring that everyone has access to quality care. In the UK we are very lucky to have Language Line, so we can often call for an interpreter in any language, and especially in the London the staff are very multicultural so we are able to communicate comparatively easier. I saw that the majority of appointments were conducted in Sinhala and as I was solely observing, there was less of a need to navigate a language barrier, however in the times that it was present, it was possible to use staff who were multilingual to communicate. I was very amazed at how many people in Sri Lanka spoke such good English, so they were able to interpret for us. I learned that this is largely because the education is so good in the country.