


Foreign Students' life in Siriraj



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ขอบคุณมากครับ/ค่ะ !!! Roger & Pauls March 2007 / 2550



Yes of course I can tell you about some of the differences between living and my medical school. Obviously there are differences in the health care systems of both of our countries. In England, we have the National Health Service which provides universal free health care to all people in the UK. We do not have a private sector of hospitals in the UK. Also we do not have many hospitals as large as Siriraj, our hospitals are divided into several generally which deal with the common complaints, acute hospitals which have acute beds and accident and emergency departments, community hospitals which deal with rehabilitation and specialist hospitals which are tertiary referral centers. Unlike Siriraj, the medical students at my medical school do not have dorms. We have our private accommodation and when we medical school is the largest one in England, we had students to about 20 hospitals around our region. It is therefore necessary for most students to have a car in order to commute. As medical students we move from one hospital to another frequently and therefore we do not have to get to these hospitals at each hospital very personally.

My medical school is on the campus of Birmingham University which is the original "redbrick" university in England and is the fourth oldest university in England. In the provincial towns, students now houses near the university and are located at the medical school itself, we therefore mix with the students studying other courses during the period.


In terms of the practice of medicine, ICU, tropical medicine and infectious diseases to antibiotics are I think the areas of medicine in Thailand whereas in England there are winter public health concerns. This includes the diphtheria and MRSA bugs which are quite prevalent in England, the prevalence of HIV in England is between 1 in 1000 and 1 in 10000 depending on the region.

In terms of studying medicine in England, we have I think more foreign medical students studying medicine here than in any other country. We have people who come from all over the world to do their medical degrees here. Students from Europe get most of their fees paid by the government but 10000 more money training their students in England, we often cannot examine patients in their own clinics to give courses, also the doctors working in the NHS often are too busy to teach students and a medical degree in England takes 3 years whereas at Siriraj it takes 6 years.

Once we graduate, we work as a junior GP (doctor) in a hospital and rotate through different specialties. This is called a house job and is known as foundation year one. After this we are registered with the general medical council if we qualified doctors. We then do a second year called foundation year two and after this we are fully qualified to work in the UK. The next stage is to work as a senior house officer (residents) for a few years. After that we can apply to be a consultant and do further training. This takes a further 4 years to be a GP and seven years to become a specialist (consultant).

I would like to say thank you to all the doctors and nurses who helped me whilst I was at Siriraj and who made me feel so welcome. I would like to thank all the medical students who were so friendly towards me and I would like to say that I had a wonderful time at Siriraj and would recommend it to anyone who asked.

All the best
Simon Boddie
4th year medical student
University of Birmingham
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Dear Mrs Thongthip,

Thank you so much for taking care of me kindly!
At first I was really worry about living here, but you take care of me and helped me and I enjoyed this 44 days very much.

I've got many friends here, thanks to your help.
Now, I strongly realize that I made the best choice about elective period. I learned much about clinical medicine, and further more about human relationships and kindness.

Here, I learned that medicine is international. Not between Thailand and Japan, in the world. We can understand each other and we have the same purpose.

I am thankful of your kindness and the luck I chose medicine at this hospital.

I've decided to be a good doctor and in the near future come back to this place I'm living with your help, that is the same in Japan, in the world. Sometimes, patients help me in many ways.

See you again!

Please give me a call if you visit Japan. And if some of doctors or students visit Japan, please don't hesitate to tell them my number and address. I'm very willing to help them in return for your help.

Thank you very much.

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Undoubtedly the most enjoyable aspect of my clinical elective at Siriraj Hospital was the exposure to a way of life that I found unique and fascinating. Certain things that really stood out to me were the culture of the staff, the way that people work in the hospital in such ways that represent a maximum of the city. Perhaps one area that stands out more than anything else is the overall hospitality of the people. I was fortunate to have known a few of these individuals, whom I would say that genuine kindness would be an understatement to describe.

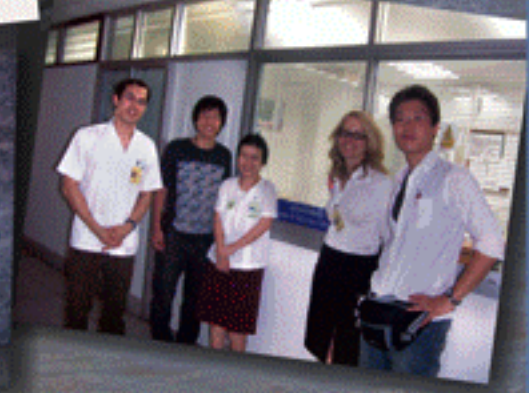
It was nice to live in the hospital dormitory, especially because it was an excellent way to capture the lifestyle of the students. There was never a dull moment having traditional Thai food at nearby restaurants, attending the Thai plays, being by boat, or having casual conversation with the students and faculty and appreciating their frequent self-organised events. The richness of the Thai culture greatly enhanced my experience of the best 30-degree weather or winter vacation times.

There was freedom to explore many areas of the hospital outside of my intended area of study, in the Department of Neurosurgery. There was opportunity to observe surgeries, see patients with infectious diseases, and visit the intensive care units. It is easy to appreciate how pleased the Thai language sounds. However, it was also a lesson in understanding what was going on during busy hospital activities, such as rounds, clinics, and lectures. Although this placed limits on the level of participation in my clinical experience, in many occasions, students, residents and attendings graciously provided translation in the best of their abilities. In terms of clinical work, more opportunities for hands-on learning and training in various procedures would have also been interesting.

There are some key differences between Siriraj and the UK, with respect to the type of medical training and facilities. At Siriraj, it appears that more emphasis is placed on clinical work early in a medical student's training. The public has great trust in students to take care of them, and attending and resident only on students to be an important part of patient care. As a result, students in Thailand take on more responsibility and appear to be more adept in performing medical procedures. With current legal stipulations in the U.S., students are restricted from involved in direct patient care.

As Siriraj learning takes place where there is a noticeable lack of resources, such as beds and otherwise disposable items in the U.S. (e.g., needles, towels, and alcohol swabs). Certain areas of the hospital with poor ventilation and commonly crowded wards can make infectious disease control necessary difficult. Also, patient privacy is often a luxury in Thailand, but an emphasis in the United States.

Chris Chen
4th year medical student
University of Hawaii
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Mr Richard Dachtler, the medical student from University of Sheffield, UK, had come to take elective at Faculty of Medicine Siriraj Hospital in the department of Anesthesiology and Obstetrics & Gynecology from 9th June to 25th July 2008. Here is the report of his stay in Siriraj Hospital.

Elective Report

Siriraj Hospital, Bangkok,

9/06/2008 – 26/07/2008

Introduction

Siriraj Hospital first attracted my attention as a possible location for my elective because it is one of the oldest hospitals in Thailand and one of the largest in Asia, and I felt that working in such a hospital would give me a full experience of medicine in Thailand. I also believed that because Siriraj Hospital is one of the largest, most-congested medical centers in Thailand with over 3000 beds it would give me the opportunity to experience medicine in Thailand in a fast paced environment.

I chose Thailand for my elective as it is a country which has always interested me. I have many friends whom have travelled to Bangkok and other parts of Thailand and they have all reported it to be a beautiful country, full of culture and I wanted to experience both this culture and the sights of Bangkok for myself.

Since my arrival in Bangkok I have been amazed by all the sights and smells that Bangkok has had to offer. From the beautiful temples and the Grand palace which we had visited at the weekends, to the numerous food stalls lining the streets at lunch time. Bangkok truly is a vibrant place with its busy traffic filled streets and its beautiful traditional architecture.

The hospital lived up to its reputation also. I couldn't believe when I arrived on the first day just how large it was. It seemed to just go on in forever in different directions, a mass of alleyways and buildings, some of which are 13 floors high. Luckily I managed to get my bearings quite quickly and only found myself lost a couple of times.

Weeks 1-3

My first 3 weeks of the elective were spent doing General Anaesthetics. I worked under two Doctors Primarily, but others took my under their wing from time to time. While in the department I moved around the different branches of anaesthetics to get a full experience of the speciality in Thailand. Spending time not only in the general theatres but also in neurological surgery, endoscopy, radiology, and we also spent time on both HDU and ITU. The first couple of weeks were spent getting used to the different practices between here and the UK and observing the procedures and discussing cases with the doctors. It was interesting for me to see how the practices here varied from what I had seen in the UK. For instance I attended a colonoscopy list; a procedure carried out in the UK using only mild sedation and observed the patients being placed under anaesthesia using a mixture of midazolam, fentanyl and a propofol infusion. At first this seemed to be a bit excessive and perhaps over medicating for a simple and quite procedure, but when we asked the Doctor about it he explained that the procedure can be quite uncomfortable hence the level of medication. Having never had a colonoscopy before, I just took his word for it and on reflection I think that if I were the patient, the procedure would be much more bearable using the medication used here.

We spent some of our mornings in the second week in the CT suite, where our Doctor was anaesthetising children for the scans. I found this really interesting because he was explaining the problems with not being in the room with the patient during the scan. He also took us over to the MRI suite where the problems of distance from the patient became even more apparent as I observed the wires and tubes running from the patient through the wall to where the MRI controls were, about 3m away from the patient.

Watching our Doctor anaesthetise the children was again an interesting experience as he was explaining that he uses a mixture of Midazolam, and either propofol or Ketamine in these children. Again, I asked him about the use of these medication as it seemed to me to be a lot of different medication for one child and he explained that due to the differences in the way the medications worked, that they actually worked together and as such he was required to use less medications in total and due to the that fact he reduced the risk of side effects. It was interesting seeing someone use Ketamine as it is a drug I've read about but never seen used as its use in adults is limited by the presence of severe nightmares as a side effect. The doctor was explaining to me that although Ketamine only has a short length of action, he can only use it for shorter investigations but that it allows the patient to maintain their own airway.

The last week of my placement in the department was a lot more "hands on". The doctors said they had were happy for me to do things supervised and over the week I did 5 intubations, including attempting one on a child and also placed an arterial line. The intubations were a brilliant experience. I had not had much chance to do them in the UK due to the use of LMA's and with a lack of opportunity, so to be able to do some many here in such a short amount of time was amazing. At first I found it quite tricky with

regards to hand placement and getting the tube to go where I wanted but with the teaching I received, by the end of the week I was much more comfortable with it. I was even able to intubate a patient undergoing RSI and was allowed to attempt to intubate a 1yr old child. The arterial line which I sited was a brilliant experience. They use a different technique here to the one I had observed in the UK, but having observed the procedure a couple of times throughout the previous week, under close supervision I sited it first time which was an amazing experience.

Weeks 4-7

The last four weeks of my elective placement at Siriraj hospital were spent in the obstetrics and gynaecology department. I was eager to observe the differences between Thailand and the UK and to build upon the training I had received in the UK last year. My first impression of the department was just how busy it was. My placement in the UK had been at a small hospital so I wasn't used to something so large. It was interesting being shown around and it was explained to me that the labour room has on average 60 deliveries a day which is a staggering number. It was stimulating though, because I knew that I would be able to see lots while I was here and I wasn't disappointed. Our time in the department was split between theatre, the labour ward and various clinics. This gave us a really good overview of the speciality.

My time in theatre was really interesting, if not a bit upsetting at times. During of my first visits to theatre I observed a laparoscopically assisted vaginal hysterectomy. This was really interesting as the patient had adenomyosis and as such had a really large uterus. I was stood there watching the procedure with the other medical students unsure as to how the surgeon was going to remove such a large uterus vaginally. The surgeon used a cutting device like I had never seen. It basically cut strip of muscle off and removed them through one of the laparoscopic ports, thus reducing the mass before removal. It was really quite clever.

While in theater one afternoon I observed the removal of an ectopic pregnancy. I found this a lot more upsetting that I could ever have expected. The procedure went well, and the woman was fine. The bit which upset me was when the mass of visualized during the procedure it was shaped like a fetus. I this brought the fact home to me that what was being removed was potentially a baby rather than purely a mass and much to my surprise I found this quite upsetting. I do however understand that had it not been removed, and been left to grow that it would have ruptured and that this would have been awful so it was certainly for the best, it was just interesting that it touched me the way it did.

While in obstetric theatre I watched numerous caesarean sections. This was a brilliant experience as while in the UK I only got to attend a couple. What I found really interesting is the difference in caesarian section rates between here and the UK. I knew the rates varied all over the world and that there is a lot of debate surrounding the pros and cons of caesarean section but it was interesting to see for myself. In the UK there is a big drive at the moment to try to reduce the rates of caesarian section, with a great deal of emphasis on "the more natural the better". Whereas here, the rates are very high. When I asked one of the Doctors about this and whether or not they practiced the assisted delivery, such as ventouse or forceps which we do in the UK she informed me that those practices in Thailand are

unpopular and as such caesarean section is done instead to prevent these techniques being used. I got the impression that the rates of elective caesarian section were a lot higher here than in the UK also. It was just very interesting to see the other side of the argument.

My time on the Labour ward has been unforgettable. When I first walked onto the ward I was amazed at both the size and the layout. The ward is basically a long room with a corridor down the centre with rooms lining each side, separated from each other by a wall and closed off from the central corridor by a curtain. About halfway down, on one side in the nurses station. I have never seen such a busy ward. Within minuets on my first visit to the ward I observed the birth of 2 babies, and the suturing of two episiotomies. I found it very interesting talking to some of the medical students whom explained that in their 6th year they are allowed to be very hands on. They deliver the babies, do the episiotomies and suture up the repairs. It's a much better level of training than we receive in the UK. However due to the lack of midwives here, the doctors do a lot more than the junior doctors in the UK would do.

Clinics were an interesting experience. The outpatient building is huge and with the open waiting rooms on each floor with the reception desks around the edges the open plan style resembles more of a train station than an outpatient department but with such a mass of people all requiring medical care the system works amazingly. So much better than something based on the UK style would do. I think my most memorable experience of outpatients must been a STI clinic I attended. The room where the clinical was held was open plan with four desks, two with Doctors doing consultations and two with nurses working at with other patients waiting to be seen. It surprised me just how little privacy there was during the consultations. It was very interesting as in the UK, STI medicine is one of the most private branches and even as medical students we were required to sign extra documents of confidentiality. During the clinic I saw lots of diseases and condition which I had only read about before such as a case of syphilis. This was so very interesting, but quite shocking at times as some of the patients were very young, and it was explaining to me that Thailand, like the UK, has a big problem with teenage sex and STIs.

My experiences while at Siriraj Hospital are some which I shall never forget and I truly believe that they will shape my career and my life views for ever. Bangkok is an amazing city and one which I would certainly recommend anyone to visit. It is truly a vibrant city full of culture and a character which is electrifying.