

# Cambodia (Dr. Carl Richard Jackson Scholarship – student experiences)

**Thomas Desmond, 2019–2020 Elective Term F**

***Hospital/s: Angkor Hospital for Children***

***Rotation/s: Inpatient Department***

## Why I went to Cambodia.

I spent eight weeks in Cambodia for my medical elective term. It was a fantastic experience and something that I will remember for the rest of my life! I found it extremely valuable to go to a developing country for my elective term and will strongly recommend Cambodia for any future students. My medical elective experience improved my skills greatly and gave me an entirely new perspective on medicine as a career. It has given me a lot to think about and has inspired me to work towards becoming a better clinician.

My visit to Cambodia was the first time I had been to South East Asia. Within Sydney there are many people with a Cambodian background, and it is likely that some of these people will be my patients in the future. I hoped to use this elective as an opportunity to build my cultural competence. I also wanted to complete an elective in a developing country to see medicine from a completely new perspective. Cambodia was an ideal choice for these reasons.

Cambodia treated me very well! With very few exceptions, everyone I met was very accommodating and friendly. I was staying in a city called Siem Reap and found it to be safe and easy for a solo traveller. The good nature of the people and the rich cultural heritage were remarkable, making for a truly memorable elective.

## Description of elective

The hospital I was placed at was amazing and I can fully recommend it to future students with few caveats. I completed a single eight-week elective at the Angkor Hospital for Children (AHC) in Siem Reap. This is a hospital run by an NGO that provides care for any child up to the age of 16 years. It is also a teaching hospital that provides training for nursing and medical staff. The hospital provides amazing care, free of charge for children in Cambodia. It has an excellent standard of care, practising evidence-based medicine that is often identical to the care given in Australia. However, there are some key differences in care, typically due to cost. Some treatments are just not available due to cost, such as iron chelation for thalassaemia. Imaging and investigations are ordered more selectively, and MRI is simply not available.

I spent the entire eight weeks in the hospital's inpatient department which has 24 beds. It is run similarly to a hospital medical ward in Australia. The interns and residents assess the patients and will propose investigation and management plans. This would then be reviewed by the more senior doctors. My role was essentially to act as another intern. I would work up patients with the other interns, and we would discuss possible diagnoses and plans. Ultimately, I had no responsibility as that would pass along to the other interns. There were also paediatrics teaching sessions run once to three times a day.

Spending time at the inpatient department at AHC presented similar clinical learning opportunities to what I experienced during my MED3 term. I was able to hone my physical examination skills and was constantly improving my diagnosis and management skills. However, there was not much

opportunity to practice critical care skills. I was glad that I was able to practice cannulation and blood collection regularly and gained a lot of confidence in these skills.

### Reflection on elective

This elective was an incredible learning experience that allowed me to meet all my learning objectives. One of my key goals was to see tropical diseases and learn how to manage them. These are diseases that I hadn't seen at all in Australia. My patients at AHC included large numbers of those with dengue fever, melioidosis, thalassaemia, severe malnutrition and typhoid fever. There were also many viral meningitis patients. I was not able to see any malaria patients as public health efforts to control malaria are working well.

After seeing many families at AHC, I am now able to better understand how health-related concerns and expectations are different in a developing country. This gave me a better understanding of the people and culture of Cambodia. There is a rich, complex and sometimes calamitous history to Cambodia. I could learn about the history of Cambodia from museums, however it is from meeting patients and their parents that I was able to understand how they live, what is important to them, what their values are, and how religion fits into their lives.

The experience of interacting with patients was very different to back at home. Most of the patients and their parents did not speak English which meant that I was not able to take any histories independently. I would need to get one of the interns to help translate for me which made getting a complete history quite a challenge. I found myself more reliant on the physical exam to get clues to the diagnosis. I would then revisit the history to elaborate on missing areas. This is quite different from what I would do in Australia where I would try to get a full history first. In hindsight, the fact that I was not able to communicate effectively with patients and their parents was a considerable barrier to my learning. If I could go back and prepare for this elective again, I would spend more time learning Khmer. However, I do not know how much extra language training I would have needed to do to significantly improve my history taking.

I was practicing physical exams every day at the hospital and became much more confident in my abilities. I was able to examine many patients every day and now feel more confident in identifying normal findings. It is likely that I performed more examinations in eight weeks than the cumulative total of my entire prior experience with SMP. It was particularly beneficial to follow these patients over time through their stay in hospital. I can also more reliably identify abnormal findings in the physical exam, however I might not be experienced enough to be able to interpret these abnormal findings yet. I am very happy with my improvement in physical exams over the duration of my elective.

### Final remarks and acknowledgements

This elective has been such a great experience for me and unlike anything I have done before. I have been able to improve my clinical skills much more than I would have thought possible in eight weeks. I am glad that I chose to go to a developing country for my elective and would strongly recommend Cambodia to any future students.

I would like to sincerely thank the Jackson family for their support through the Dr. Carl Richard Jackson Scholarship. Their support gave me security and allowed me to thoroughly prepare for my elective before leaving. Cambodia is an amazing country with a rich culture and kind, hard-working people. Cambodia grew on me quickly and I know that I will return in the future. I am very grateful to the Jackson family for helping me experience that!

## Appendix

Information for future students interested in an elective at AHC.

- There is no homework or assignments.
- Hours were Monday to Friday, 7am to 5pm.
- The Inpatient department was the only department available to me. The emergency department, outpatient department and eye clinic were too busy to take a student.
- Ideally you should pick a stream where you complete the paediatrics term before elective term.
- Many staff members at AHC are shy or not confident with their English, so will not introduce themselves first. It is easiest if you put yourself out there and take the time to introduce yourself. Otherwise you might never talk to the other staff members.
- Wear whatever shoes are comfortable. Sneakers, crocs and sandals are all commonly worn at AHC.
- Learn as much Khmer as you can before the elective! There's only around 4 weeks free between MD Report due date the start of elective block. It will make a big difference.
- I stayed at a hostel/guesthouse that was about 5-10 minutes' walk to AHC. I ended up catching a tuk-tuk every day for two reasons. 1. Because they are cheap. 2. Because there are no footpaths, so you would have to walk on the road which is a little dangerous.
- I used an app called Grab to call tuk-tuks. It's safe, easy and works much like Uber.
- AHC has a staff canteen that was closed for renovation during my visit. There are plenty of good food options nearby, but they do not have as much variety as you would find closer to Pub Street.
- There are ATMs everywhere and they all give US dollars. They all charge a fee of around 4USD too.
- I was bitten by mosquitos only three times during my stay. With a fan/air-con and DEET you'll be fine.
- Get the BMJ Best Practice and eTG apps loaded on your phone with offline mode BEFORE you go. To get them loaded on your phone you may need access to a university IP address.

Please feel free to contact me if you have any questions!

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