Homa Munanmar Kirm

Elective report

Objectives

1. To describe the pattern of disease of interest in paediatric population at Great Ormond Street and discuss this in the context of global health

I was attached to the cardiothoracic surgical team at Great Ormond Street Hospital which is a tertiary centre and therefore the pattern of disease included rare and complex heart conditions. I had exposure to a number of patients with rare congenital and acquired heart disorders most of whom required specialist care. This pattern of disease could be found in any country in the world but how they are treated and the success rate of surgery may differ.

2. To describe the pattern of health provision in relation to the UK and contrast this to other countries

Health care provision at Great Ormond Street Hospital in UK is paid for by the state and funded by the taxpayer. This allows people to access free health care provided by the NHS. As most of the procedures that take place here are extremely complex and expensive, it is of great benefit to people who would not be otherwise able to afford this service. This service is not present in most other countries.

3. To learn about rare paediatric disorders and complicated specialist procedures carried out at Great Ormond Street Hospital

I learnt about number of rare paediatric heart disorders both congenital and acquired including tetralogy of fallot, transposition of great arteries, hypoplastic left heart syndrome, truncus arteriosus, and atrial and ventricular septal defects. I was able to see children have complicated specialist surgeries for these conditions. I learnt a lot about the procedures that were taking place including bypass and ECMO (Extra Corporeal Membrane Oxygenation).

I also learnt about more complex conditions at the Joint Cardiac Conference meetings held every Thursday.

I was also able to speak to and learn about the roles of each individual involved in looking after these patients in the cardiothoracic team from surgeons and anaesthetists to perfusionists and operating theatre practioners as well as radiologists and cardiac intensivists.

4. To gain confidence at taking paediatric history and examining paediatric patients

I had few opportunities to sit in surgical outpatient clinics. However, due to lack of time and space available, I was not able to take many histories on my own. I had the opportunity to observe histories being taken which was beneficial.

I had number of opportunities to examine cardiac patients and I feel I have definitely improved and gained more confidence at listening to a child's lungs and heart and also spot features of genetic diseases such as Down's syndrome.