



SCHOLARSHIP REPORT

This report should be completed by recipients of awards and scholarships from the Royal College of Physicians and Surgeons of Glasgow on completion of the activity for which they received their award or scholarship. Please complete all sections of the report form.

Please return your completed report via email to: scholarships@rcpsg.ac.uk

Or via mail to: **Scholarships Committee Administrator, Royal College of Physicians and Surgeons of Glasgow,
232-242 St Vincent Street, Glasgow G2 5RJ, UK**

Please use typeface when completing this form.

SECTION 1 | PERSONAL AND AWARD DETAILS

Title	Mr	PID	
Surname	Daley	Forename(s)	Joe
Scholarship/award awarded	Medical Elective Scholarship	Amount awarded	£1000

SECTION 2 | PROJECT/VISIT DETAILS

Name/Title	Mae Tao Clinic
Location	Mae Sot, Thailand
Aims and objectives	<ol style="list-style-type: none">1. To experience healthcare in a setting with limited resources that is significantly different to that which I am used to; comparing and contrasting the health services in Thailand and the UK.2. To develop more confidence in my history taking and examination skills in order to aid diagnostic and clinical decisions when further investigations are not possible due to limited resources.3. To improve my communication skills with other members of the healthcare team, especially when cultural and language barriers are present.4. To gain more knowledge and understanding of tropical medicine in the developing world, and the different conditions encountered commonly such as malaria.5. To understand more the difficulties refugees and migrant workers face, both medically and non-medically.

<p>Summary</p> <p><i>Include methodology, results and conclusions if applicable</i></p>	<p>After considering a number of electives in different countries and different specialties, I chose to contact the Mae Tao clinic in Mae Sot, Thailand, and they kindly allowed me to join them for four weeks this summer. The clinic is 5km from the Myanmar border, and was set up in 1989 by Dr Cynthia Maung, originally a Karen Burmese doctor herself, to provide and promote basic health care to Burmese migrants who would otherwise not be able to access care affordably for political reasons. The clinic has since expanded extensively, including a recent move to a new site, and provides free healthcare to over 150,000 people every year. The departments now include: adult and paediatric inpatient and outpatient, surgical inpatients, obstetrics, and ophthalmology. The care is provided in partnership by a few foreign volunteer doctors and Burmese healthcare workers who are trained internally at the clinic. As a medical student there you rotate around the departments weekly, and are encouraged to aid in ward rounds, clerking patients with health workers (who provide translation), and to contribute to diagnostic and treatment discussions.</p> <p>As I cycled through the chaotic crowds on my first day in clinic, I was somewhat overwhelmed despite the welcoming grins and shouts, little did I then realise how much this elective and these people would positively impact me. Not only did I benefit medically through leading consultations and being trusted with responsibility of decision-making, but I loved gaining an insight into the Burmese culture and was inspired by their kindness, even in adversity.</p>
<p>Learning outcomes</p> <p><i>Detail here how the aims and objectives were met</i></p>	<p>Many of the prevalent diseases I encountered at the clinic were haematological; there was a high incidence of malaria and dengue fever, in addition to a high prevalence of chronic conditions such as the thalassaemia syndromes (the most common genetic disorder in Thailand), and acute leukaemia syndromes. A common presentation was children with thalassaemia for instance having travelled hundreds of miles from Myanmar, with haemoglobin levels below 6g/dl, requiring urgent transfusions. These haematological conditions posed a particular challenge at the clinic because they do not have as many diagnostic investigations at hand as in a country such as the UK. The clinic has a laboratory that can process malarial smears and performed simple blood tests, but more in-depth tests such as haematinics would need to be done at the local hospital – a luxury that they can rarely afford or justify. There are additionally difficulties in treating these conditions - malignancies such as leukaemia for example, despite being potentially curable, were untreatable here because of the resource limitations. This was an ongoing personal challenge throughout the elective for me to acquiesce in, but ultimately I was inspired by the adaptations made to counter the limitations, and how effective it functioned within its limits.</p> <p>One week was spent in adult outpatients, and I was surprised by how similar it was to the western primary care I knew, with the common conditions being similar – despite the odd case of malaria, and one diagnosis of a tapeworm in the brain! I was accompanied by a Burmese medic; they were knowledgeable and happy to translate, but allowed me to lead consultations and form my own management plans which I found particularly beneficial. I realised how important it was that my history was thorough, and I accurately examined every patient as this was the basis of diagnosis. Although I know this should always be done in all healthcare systems, in the UK we have the comfort in the back of our mind that further investigations will be performed to aid diagnosis - I often did not have this luxury though at the clinic.</p> <p>Later, I spent a significant amount of time in paediatric inpatients, here I saw a number of</p>

	<p>pathologies new to me such as TB, HIV, and nephrotic syndrome, in addition to numerous tropical diseases such as dengue fever and typhoid. As patients often travelled many miles to the clinic they also often presented with late clinical signs, and examination findings I had only read about in textbooks previously.</p> <p>I have done volunteering in the UK for a few years with asylum seekers and refugees, and especially in the current dreadful worldwide situation, it is a topic I feel passionately about. Being able to meet the Burmese migrants, learn about their lives and culture, and help them where possible was extremely rewarding for me, and something I will take from this elective for the rest of my life. I was awed by their kindness, and positivity despite being treated with little respect in Thailand, and constantly fighting adversity throughout their lives. It has burgeoned my interest in continuing to work with migrants in both non-medical and medical settings in future.</p>
<p>Evaluation</p> <p><i>How has this scholarship/award impacted on your clinical/NHS practice or equivalent?</i></p>	<p>I was extremely grateful for the scholarship I received as it allowed me to go on such an enjoyable and rewarding elective. I believe it taught me a lot clinically in a number of ways, as well as being a stark reminder of inequalities in healthcare within countries, and worldwide.</p> <p>The investigations we could order were restricted and many patients had complicated presentations; the ward rounds were often like a brainstorming session of differential diagnoses – with a need for creative and novel ideas for excluding or confirming these. Although in some ways this was frustrating, the logical problem-solving was valuable for me, and I believe it has taught me to always think about why an investigation is being performed, a lesson I will carry with me back home. One particular case that stuck with me was a young boy with a large abdominal mass; despite exhausting all possible blood tests within the clinic, ruling out TB, and repeatedly ultra-sounding him, the cause remained a puzzle. Eventually some visiting Japanese doctors, also intrigued by his presentation, generously donated the money to fund a CT scan at the local hospital – and it was found to be a likely Wilms tumour. This left us feeling mixed: relief at finally having a diagnosis, but despair at how nothing further could be done for him. Even when the clinic or other charities raised the money for surgery, bribing of local police and government must be performed to allow Burmese migrants to get any treatment due to the political situation. That this is the case in what is now a relatively developed country is something that disturbed me, and hopefully it will improve in the near future with both countries undergoing political change.</p> <p>Another highlight was running teaching sessions with the other medical students on different medical topics for the Burmese medics. Although extremely competent in many ways, their practice was often protocol-driven which could be limiting and leave knowledge gaps. I believe we made a number of beneficial differences to their practice, which was rewarding, and the whole process was good teaching experience for me. Having previously not given medical teaching out (due to my relative lack of qualifications) I was able to learn techniques that worked, and those that didn't so well, and as education will always be an important part of my duties as a doctor this can only be beneficial.</p> <p>I found the volunteering aspect of the elective hugely personally rewarding - and although volunteering is something I've always done to some extent, doing it full time for a longer period reminded me how much I get out of it above 'normal work'. When money is removed from the equation, in some ways you are properly selfless, and even able to do more due to fewer perceived restrictions. It has certainly reinforced and heightened my</p>

desire to volunteer in similar settings when qualified.

SECTION 3 | IMAGES



A map showing where Mae Sot lies on the Thai side of the border between Thailand and Myanmar. There were a number of refugee camps spread along the border, and migrant communities, but many Burmese nationals also travelled hundreds of miles to the clinic due to the lack of access to healthcare within their own country.



A view of the recently opened new clinic site – a large square of buildings surrounded a central green area with newly planted trees and a garden area,



The adult outpatient waiting area.



A photo of the paediatric inpatients team and I, after a leaving celebration for one of the volunteer doctors there.



Paediatric resuscitation training to the Burmese medics



A view of the inpatient paediatric department

SECTION 4 | EXPENDITURE

Breakdown of expenditures

Please demonstrate how the scholarship/award funding was used to support your project/visit

Return flights Manchester - Bangkok: £620

Bus Bangkok - Mae Sot: £20

Malaria tablets: £20

Tourist visa: £25

Travel Insurance: £70

Accommodation during elective: £140

Bike hire: £30

Donation to the Clinic: £100

Food during elective: £75

Social activities and weekends away during elective: £150

Travelling for 3 weeks after elective (including accommodation, food, social, transport etc):
£600

Total cost of elective: £1850

SECTION 5| PUBLICATION

Scholarship/award reports
may be published in College
News. Please tick here if you
agree to your report being
published.

☒ I give permission for my report to be published in College News

*If your report is selected for publishing, the editor of College News will be in touch to
discuss this with you.*

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