Faculty of Medicine Siriraj Hospital, Mahidol University

Siriraj Resident/Fellow Exchange Program
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Study Year: The third year pediatric resident
Overseas Clinical Elective Rotation Final Report

Introduction

I am the third year pediatric resident training at department of pediatric, faculty of medicine, Siriraj Hospital. I have been interested in palliative care, especially pediatric palliative care, since I was the fifth year medical student. The reason why I am training in pediatric is that I would like to be qualified to study in pediatric palliative care program in the future. Thus, this opportunity having clinical elective rotation in pediatric pain and palliative program at Mattel children’s hospital of UCLA means so much to me.

University Review

Mattel children’s hospital of UCLA is one hospital in Ronald Reagan Medical Center. There are 131 inpatient beds, 18 PICU beds, 6 PCT-ICU beds, and 20 NICU beds. Staff at Mattel children’s hospital are provided into 3 groups which are Gold team (cardiology and nephrology team), Silver team (hospitalist) ,and hemato&onco - GI team. For pediatric resident training, there are 28 classmates. Moreover, pediatric resident training, there are also medicine/pediatric post MD program studying for 2 years. The reason why I chose to have experience at UCLA is that the Ronald Reagan medical center takes place at rank 7th among hospitals in USA and there is a fully developed pain and palliative program for children.

Expectation and Objective

To study at Mattel children’s hospital for one month, I expected to gain knowledge in pediatric acute and chronic pain control, to learn how to work as interdisciplinary team, to observe interdisciplinary team work together, to adapt their management more suitable for Thai people and culture, and to find opportunity in my future learning in palliative medicine since there is no available program in Thailand.

Knowledge/Experience gained

I did was enthusiastic participating in one part of a wonderful pediatric pain and palliative team at Mattel children’s hospital. There are full interdisciplinary team comprised of doctor, practitioner nurse, palliative social worker, chaplain, child life program specialist, music therapist, heart-touch volunteers.
For doctor, I was attended with Julianne Harrison, DO, a program director of pediatric pain and palliative program. She is a palliative and pediatric critical care physician. She is an expert in pediatric pain and palliative care. I had learnt acute and chronic pain control. For medication, I learnt how to use Marinol® (dronabinol), a synthetic tetrahydrocannabinol. I had seen a lot of children who suffered from pain and chronic illness relieved their symptom by taking dronabinol. Moreover, I also had experiences seeing the side effect of using a synthetic opioid, such as seizure and hallucination. These experiences had inspired me to eagerly study and would like to do the researches in cannabinoids in the future. Additionally, there are alternative medication to alleviate children such as aromatherapy, mindfulness therapy, and urban zen integrative therapy. It surprised me that all alternative medication were provided by my attending staff.

The practitioner nurse is the first call when there were any consultations. The practitioner nurse is different from Thailand because they can do physical examination and give counseling to patients and families. The role of nurse in palliative care team is as same as resident’s role in term of chart rounding, reporting to attending staff, and writing progress note.

The palliative social worker is the main person who support family needs and help family to get through their difficult time and journey. There are social worker members in every subspecialty unit to do psycho-supportive care to patient and family. The social worker members will report to the main palliative social worker in case of trouble patient and family. Moreover, the social worker provides the bereavement clinic for family who lost their children 1-2 times a month. The bereavement clinic really support family and encourage the peer to peer support.

Child life program at Mattel children’s hospital is the most effective program that I had ever seen. They are funded by out source organization. The child life program specialist will give the play therapy to children and guild parents how to raise child who is sick. The key concept of
child life program is to make children have a real lives, and make them have a good quality of life as normal children should be. I also had an opportunity to participate the make a wish birthday event. The make a wish birthday event was surprised me because they renovated patient room with a lot of balloons and that made child and family impressed. Moreover, I did concern that a good child life program should be happened in Thailand because the parents who lost their children shared their experience to me that the moment when child life specialist playing with their child were a precious memorable moment to them and made them get through the grieving.

Music therapists play role in relieving anxiety, fear, and pain. They sometimes give therapy while children have some procedures such as PIV or PICC line access. Furthermore, the music therapists also give therapy to parents at the bereavement clinic.

Chaplain is a person who give spiritual support to family in any acute distress or emotional events.

The last palliative team member is volunteer. For UCLA, there is contract with heart touch organization. The heart touch is a massage program that help end of life patient, relieve pain and anxiety.

To compare with Siriraj hospital, the pediatric pain and palliative program at UCLA has more facilities than in our hospital. There is an education in pain and palliative for pediatrician and anesthesiologist. The pediatric resident at UCLA can provide and manage pain control. They will only make a consult when the case is complex and difficult, while we have to consult to anesthesiologist to manage almost children cases.
Benefits

After finish the elective program, I am able to manage children pain effectively and having knowledge to control symptom in chronic illness patient. I learnt how the interdisciplinary team works and would like to adapt to my future career because the interdisciplinary approach is a higher level than multidisciplinary and provide more benefits to patient and family.

Life in abroad

During an elective rotation, I lived at apartment sharing with my friends where 15 minutes walk to hospital. Life at Mattel children’s hospital is easy because there were free lunch for everyone in noon conference. I worked from 7 a.m. to 14 p.m. but there was some day that I worked until evening so as to attend the palliative counseling and consultation. For weekends, my colleagues and I traveled around California. We went to Yosemite national park, Antelope canyon, San Francisco, and San Diego.

Future plan

I do determine to study in pediatric palliative care after I finish my child psychology fellowship program in next two years. I am still seeking the best place to study. For pediatric palliative care, I think I should have more experience to see where is the best so as to gain the knowledge and learn the palliative care system which proper for Thai people.

Recommendations

I do recommend Mattel children’s hospital for elective program because there is a full support for elective students. The internal relation staffs at UCLA are incredibly help and support all nationality students from all over the world. I sense that there is no discrimination in UCLA. No matter where you are from, they treat us as same as they treat their people. Life in LA was also wonderful. This one-month elective will be my precious moment throughout my life and it is just the beginning for my pediatric palliative career path.