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On my way towards the FM department, I focused on remembering the route because the walk became longer than I expected. FM was at the far east side of the Maharaj Hospital Campus. I received my 3 week agenda from the head of FM department who was more than willing to make my experience great. I joined one of the staff doctors during his morning outpatient visits at the clinic then went out for a nice northern Thai style lunch over the one hour break with a few staff. I explored the hospital campus for the remaining of the afternoon.



Every morning I joined the residents from 8 am to 9 am for case presentations and topic presentations. It was a great opportunity for me to learn how the FM physicians in Thailand approached family medicine – by looking at the patient and the role of family members in context of patient care. Topics discussed also included the model for chronic care management, IBS, vaccinations, etc...

Presentation includes the following:

Family tree. Bio-psycho social: what is the pt's feeling, functional capabilities, and their expectations with care. Spiritual belief/religion. Socioeconomic status. Needs assessment. Family definition of health. Status of relationship between family members. Family goals. Our

objectives as physicians (pt education, attitude, practice, outcome). Our method of approach and how we evaluate effectiveness of care.



After morning resident activities, I either joined the residents or physicians in the outpatient department (OPD) or attended homeward rounds (HWR). The OPD was very different but not shocking. I learned that the CMU FM department kept their outpatient clinic open for teaching purposes rather than have private rooms. There were rows of desks and chairs for the encounters and a curtain that closed off a corner for physical examinations. I was surprised by the prevalence of DM II, dyslipidemia, and hypertension in the Thai communities...but realized after lunch I had a bowl of rice noodle soup, a fresh fruit frappe, mango with sticky rice, and later on an ice-cold vanilla latte – of course I ate more than the average Thai person with that meal, but I could imagine that if there are some who eat similar things like this then it's quite reasonable to have all these chronic issues.





Without knowledge of the Thai language I could not understand how the clinic ran. On a busy morning, I was awed by the number of patients waiting in the lobby, sitting on benches and scooting down the rows as the line shortened. I had no idea where I would register. Luckily for me, the staff was able to communicate in my language (English) and explained how registration and the queue worked. I can definitely relate to recently moved immigrants in the USA as I stood frozen at the FM door entry.



Registration Window



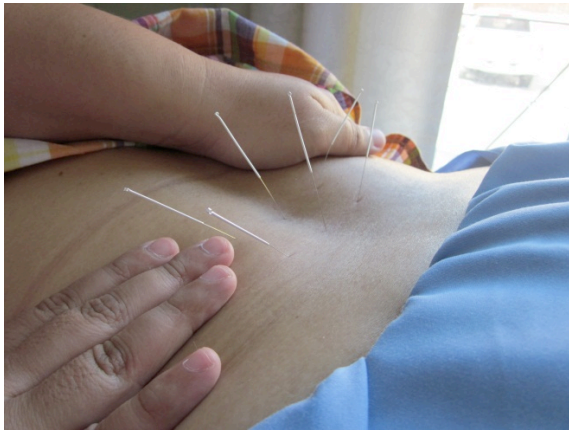
Lobby/Waiting Area



Vitals/Reception desk

Homeward round visits were my favorite aspect of family medicine. This practice is still common and provided services for complicated patients of all socio-economic backgrounds – and the patients I saw were not on hospice or palliative cares. I still remember one day where the medical students and I did a dual healthy mother and newborn checkup. Their house was gated and large with Japanese influence with stepping stones across a koi pond to reach the main house entrance. We then visited an elderly female with blindness secondary to bilateral cataracts that lived just a couple blocks away in an alley along a small canal. Their home was one of several in a row that were quickly made of cement that included a bedroom, kitchen/eating area and storage room; you could see the lines on the wall marked by the flood and all the furniture was elevated at least 2 feet off the floor to avoid flood damages.

The FM clinic is one of few that also incorporate integrative medicine in their practice. Acupuncture is held in the OPD on Tuesday and Thursday afternoons. Next to the registration desk, there is also a larger room made specifically for Thai massage as well. I was fortunate to learn one session of Thai massage and I had acupuncture done on me for shoulder pain and GI symptoms. I think it's great to practice or even just learn about other remedies that make our patients feel better.



Acupuncture for low back pain.



Acupuncture with 9mV

In the department of pediatrics, I was placed in the inpatient service. The wards were very busy and there were many sick children from northern Thailand and its borders because CMU hospital is the tertiary hospital in the region. Things I have always learned to be rare showed up very often at the hospital such as biliary atresia and tetralogy of fallot (TOF). I've never been able to recognize jaundice in the skin until it was so obvious in one of the babies that I saw in the pediatric ward. Likewise, I've never seen a cyanotic child from TOF until I met the 5 year old from a Hmong hill tribe who on first appearance I thought was dark and tan. In fact, he was much darker than his father and his lips were venous colored. Every morning after morning conference, I would follow the team rounds and visit all the patients on the team. I rotated through 3 teams so that I was able to see more pathology and learn more about care management. Very few children only had mild illness.





An empty but typical pediatric ward room – this one had occupancy of about 8 patients available.



Wednesday morning exercises for the children.

I found out that the newborn screen at CMU hospital only screens for PKU and TSH. This shocked me since Minnesota is a leading state for newborn screens in the USA. It was stressing to see an infant hypotonic because of what we expected a defect in the urea cycle, a test that would be definitive in a month or more while the child and family would be staying in the wards for his strict TPN diet.

The pediatrics department was also where I met Hmong patients and their families. I was able to

speak to them in Hmong and extract the patient's clinical histories. Like many Hmong patients here, they also felt comfortable to ask me the risks of the procedures done in the hospital. I learned from the physicians that in general many hill tribe people come later than expected and when they are very sick because of poor screening in the areas they come from and the expenses. The travel expenses is a burden since many hill tribe people may live several hours away so it takes time to save enough money for the trip.

Overall, it was a great inpatient experience with exposure to pediatric patients with complicated GI, cardiac, and heme/oncology issues. I was also fortunate enough to collaborate with an ID pediatrician and fellow to write up a case report on Pott's disease. The family medicine department also gave me great insight on how to approach patients as a family doctor.



Medical Students



Pediatric Team Lunch