On Placement in Hong Kong

Cosyfeet Podiatry Award winner Alia Sohail was awarded £500 to assist with her travel and living expenses during her placement in Hong Kong. Here she reports on her experiences.

I am presently studying a 4-year Podiatry BSc (Hons) course at Glasgow Caledonian University. At the end of our 3rd year we are given the opportunity to observe podiatric practice in either India or Hong Kong. Due to my interest in Chinese culture I chose to go to Hong Kong.

I hoped that the experience would enable me to become a broader thinking clinician, capable of utilising the clinical skills and academic knowledge I had gained to date in my three years of undergraduate study, and applying it to patients to help deliver excellent podiatric care. I also wanted to learn about Podiatry in Asian countries, and to learn about the Chinese culture, which I have always been fascinated by.

Diabetes Mellitus is increasing globally according to the World Health Organisation (WHO, 2011). Hong Kong is no exception and I felt that by undertaking an observational placement alongside podiatrists there, I could learn how to approach the management of diabetes in a completely different cultural setting. Being in Hong Kong would also give me the opportunity to observe the treatment of patients with both medical and podiatric conditions I would not see here in the UK, such as Leprosy and Chinese foot binding, therefore increasing my podiatric knowledge.

I arrived in Hong Kong in May and instantly felt the hot, humid weather hit me as I stepped off the plane. Not being able to speak the native languages Mandarin or Cantonese, I had to rely on speaking clearly in English. This was the moment I realised how difficult it could be to communicate with patients in the hospitals.

Fortunately for me, the podiatrists I was to observe had studied either in the UK or in Australia, and could speak excellent English as well as Mandarin and Cantonese. The Chinese government, having recognised a need for better foot health in HKSAR, (Hong Kong Special Administrative Region) had sponsored their studies abroad on condition that they work in Hong Kong for a minimum of 5 years after qualifying.

As part of my placement, one particular Hong Kong podiatrist took me under her wing. She arranged for me to stay in nurse's accommodation, took me out for dim sum (which I'd never had before) and generally helped me to settle in to this entirely new environment. She arranged for me to gain experience in four hospitals within the

'Western Cluster' in Hong Kong, as well as the first ever Podiatry clinic based in a community centre, which provides podiatric care for the local population.

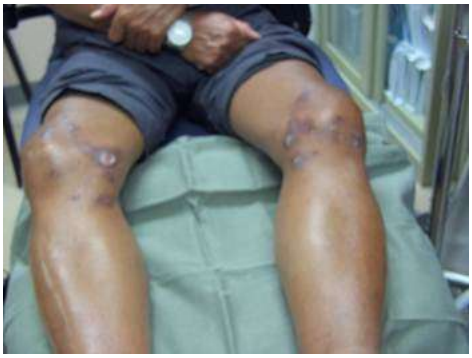
Hong Kong is a beautiful city, which has a wonderful transport system. You can use the MTR Mass transit railway, Trams, Buses, or ferries travelling from one end of the island to the other for as little as 40p. This made travelling from one clinic to another relatively easy.

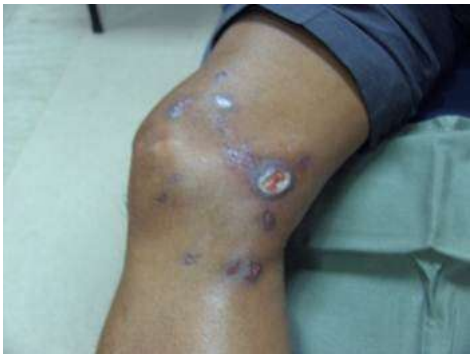
It was really exciting trying to find my way to the Kwong Wah Hospital relying on directions from the hospital's podiatrist, my tourist map, and lots of help from locals, some of whom spoke broken English. Once there I quickly realised how busy the Podiatry clinic was as two rooms were occupied and a patient was also being treated in the corridor within the department, behind a curtained partition which creating a treatment area. The Podiatry team consisted of the head podiatrist and two other members of Podiatry staff, assisted by two healthcare assistants. The healthcare assistants were equivalent to the Podiatry assistants that we have in the UK.

The head podiatrist at Kwong Wah, who had studied at Salford, gave me a tour of the hospital and also showed me the hospital's museum. This fascinating area is part of what was once the original hospital on the site, where patients were treated according to traditional Chinese medicine. It is now a peaceful sanctuary where incense is burned and visitors are not permitted to take pictures.

Figure 1. Museum at Kwong Wah hospital **Figure 2. The old hospital building**

I saw a wide range of patients at Kwong Wah including those with diabetic ulceration and venous ulceration, as well as those with biomechanics complaints. The clinic was set up as it would be in the UK and there were foot care leaflets available for patients. A particular case I found interesting was a man in his sixties with Type 2 diabetes who attended the clinic with burn marks on both knees.





Figures 3 and 4. Ulcerative lesions present on both knees as a result of moxibustion.

After questioning the patient I found that he had sought the help of a traditional Chinese medical practitioner. (Traditional Chinese medicine is very popular in Chinese culture, and many people have more faith in this than in Western medicine.) The patient was in denial about his diabetes and felt that the practitioner could 'cure' him with acupuncture and moxibustion. Unfortunately, in this case **t**he treatment had led to tissue breakdown, resulting in ulceration. The patient's glycaemic control was not at 7.3mmol as recommended by the SIGN (2010) and NICE (2004) guidelines and therefore he was at risk of neuropathy, which was already evident in the lower limbs.

It was explained to the patient that his diabetes could not be cured, however it could be controlled and this would help prevent further complications arising. The patient was advised to check his feet daily for any wounds and to continue his medication. The Podiatrist explained just how difficult it can be to persuade patients to accept the facts about their diabetes, and to change their attitude.

It was interesting for me to observe the psychosocial effects that diabetes can have on patients who are in denial regarding the effects of their diabetes.

Another patient I saw that day was a man in his fifties. He was a cook and would stand for 12-13 hours every day. He felt he could not cut down his hours otherwise his business would suffer as he was the head chef of two restaurants. He had been attending the clinic for a number of years due to the venous ulceration on both legs which healed and then re-ulcerated.

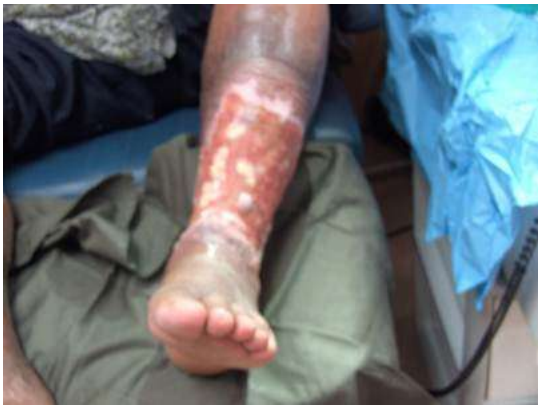


Figure 5. Venous ulceration on left leg

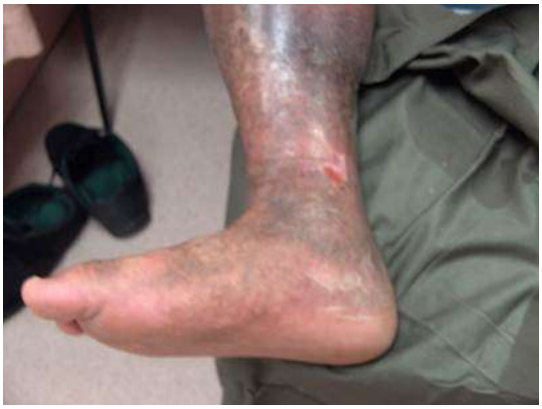


Figure 6. Ulcerative lesion present lateral aspect right leg

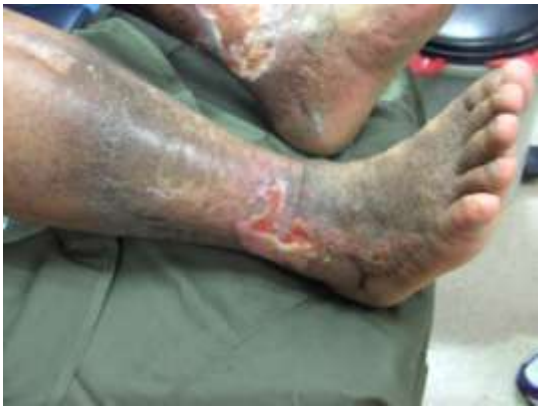


Figure 7. Venous ulcer present lateral malleolus and lower leg.

This gentleman presented with severe venous ulceration. He was not diabetic, however he was obese and had been tested for diabetes. The patient was compliant with his treatment plan, would attend the clinic and re apply the compressional bandaging at home. However, he would not reduce his work at the restaurants he owned as he provided for his family. His son attended clinic with him and told me he was beginning to take more responsibility at the restaurant so his father could rest. Whilst at the clinic the wounds would be assessed and debrided if necessary and appropriate dressings prescribed for the wound**.** In between appointments his son would re-dress his bandages at home. However, due to the nature of his work, bandaging alone was not effective.

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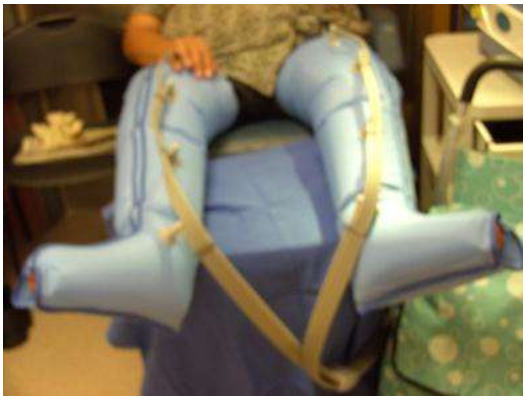
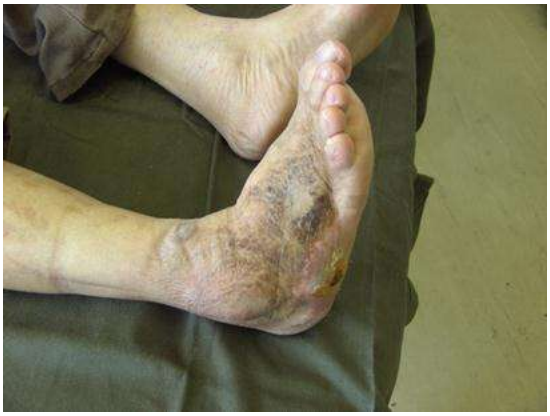


Figure 8. Patient during treatment

Figure 9. Compression apparatus 3M

Whilst at the clinic a 3M lower limb pneumatic compression therapy device was used to help reduce the lower limb oedema before the application of a compressive bandage to aid healing. The machine worked by graduate contracting and relaxing specific parts of the lower limb to encourage venous return. At the time of writing this article it is unclear how effective this form of treatment is, however there has been a marked improvement in the presenting ulcers.

The next hospital I visited was the Princess Margaret Hospital near Mei Foo, which was only a 30-minute journey from the nurses' accommodation I was staying in. There was only one Podiatrist based at this hospital, along with a healthcare assistant. The clinic was busy and I noticed the patients were similar to those at Kwong Wah hospital, where the patients treated were mainly high risk. The podiatrist there was kind enough to give me a tour of the hospital, and I saw the infectious disease building which was completed post SARS outbreak in 2003 and is kept in a prepared state for any future incidents. Whilst there, I saw a female in her mid-sixties with Type 2 diabetes who presented with a neuropathic ulcer on styloid process due to the equino varus position of her foot.



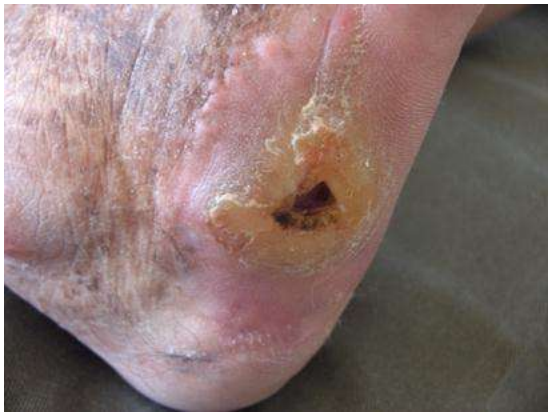


Figure 10 and 11. Presentation of neuropathic ulcer on styloid process.

The next day I was to observe in the East Kowloon Health Care clinic. I was getting more confident with my map skills in trying to find the various clinics. The locals were very friendly and would give good directions despite the language barrier.

The East Kowloon Health centre is the very first community clinic provided as a government service. One podiatrist works there three days a week with a healthcare assistant. The other two days a week she works at the Caritas Medical Centre, which is an acute hospital. The clinic at Kowloon is similar to those in the UK regarding its clinical set up and computer system. The computer system is similar to SCI-DC in Scotland where all the healthcare professionals can add and see patient notes. This clinic provides routine podiatric care and if necessary referrals are made onward to the hospital.

Caritas Medical Centre was staffed by the chief podiatrist plus two other podiatrists and two healthcare assistants. I found this clinic very exciting as patients could walk through the door with anything from diabetes to leprosy.

This patient was an elderly man who attended the clinic regularly. When I initially saw his foot I thought he presented with a Charcot foot, however after questioning the patient I soon realised his foot pathology was as a result of leprosy. Leprosy is caused by a bacterium called Mycobacterium Leprae (WHO, 2012). If left untreated this debilitating condition can have an impact on the central nervous system and ultimately cause neuropathy, skin damage and affect the eyes (WHO, 2012). The patient had been diagnosed and treated for leprosy, but in spite of this had unfortunately been left with irreversible skin damage in certain areas, as well as neuropathy.

The patient was unwilling to talk about his condition at first, but eventually he told me that he used to live in mainland China, and that is where he believes he contracted the disease. When the patient first arrived in Hong Kong he lived on an island with other leprosy sufferers, however he now lives a fully integrated life within the Hong Kong community.

This patient had bilateral ulnar deviation at his wrists consistent with leprosy, as well as glove and stocking neuropathy. It was an eye-opener for me to realise the psychosocial implications of treating patients such as this. I would never have thought that a patient who once suffered from leprosy would feel embarrassed about it and be reluctant to tell me his history.

Normally in the UK podiatrists do not treat sacral sores and skin grafts, however this forms part of the regular Hong Kong Podiatrist's caseload.

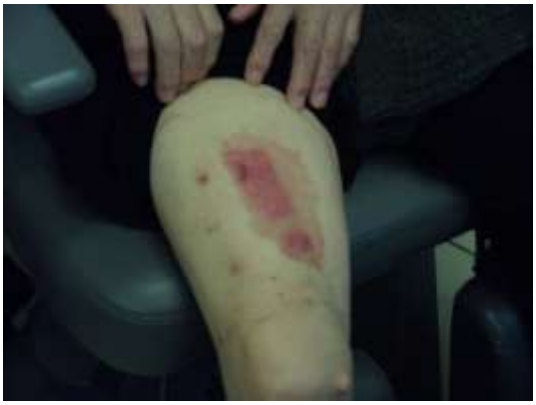


Figure 14. Infected skin graft on patient's thigh.

This patient attended clinic because of an infected skin graft on his thigh. The chief podiatrist believed the patient had a fungal infection as the presentation looked like ring worm. An antifungal cream was therefore prescribed. Fungal infections were common at this time of the year due to the humid weather. I was informed that patients pay for their medication but this is in the form of a fixed fee and does not cover the full costs. The Hong Kong government subsidises healthcare for Hong Kong residents and patients pay a fixed fee when attending the hospital and for any

drugs they may be prescribed.

The last hospital I observed practice in was Yan Chai Hospital, which was located in Tsuen Wan. This hospital had one podiatrist and a healthcare assistant. This podiatrist specialised in biomechanics and had and an orthotics lab where insoles were manufactured for patients in the West Kowloon cluster. The podiatrist prefers not to cast, but to adapt off the shelf insoles as this is sufficient for most patients, however casted orthotics are prescribed where required.

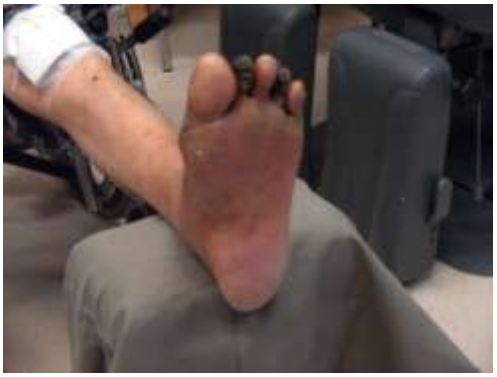


Figure 15. Necrotic digits

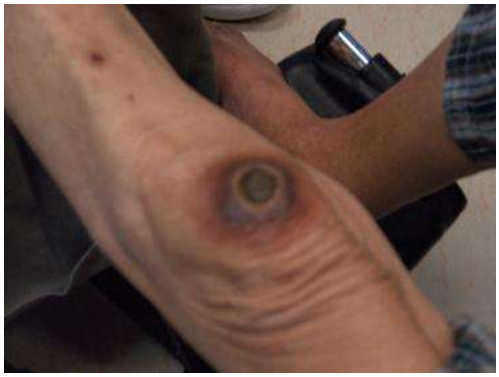
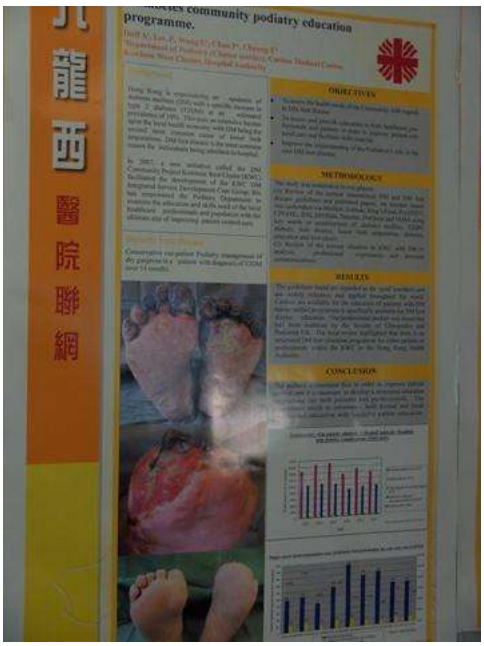


Figure 16. Ulcer present on the left knee.

The final patient was a gentleman in his late forties suffering from uncontrolled type 2 diabetes. He presented with gangrenous digits and a necrotic ulcer on his knee. The podiatrist explained the patient had a spreading infection and was therefore admitted for IV antibiotics. The patient did not really seem to worry he might loose his digits, and it had been explained to him on different occasions how to keep his sugar levels under control, but he was non-compliant.

One of the reasons that I wanted to go on placement in Hong Kong was to promote health education. However once there I realised just how large and diverse the population is and how difficult it is to change some cultures and beliefs particularly if some patients do not want to follow advice given. The patient who presented with ulceration on his knees felt his diabetes could be cured with acupuncture and moxibustion, whereas in fact, this treatment had created further problems.



Figures 17 and 18. Demonstrating health promotion in clinics.

Podiatrists in Hong Kong are compassionate and very understanding, however their caseload continues to rise with the increasing prevalence of diabetes and an ageing population. The hospitals and the community centre I visited demonstrated that a multi-faceted approach is essential to promote good quality healthcare to patients. This was achieved with informative posters, leaflets and foot care advice (figures 17 and 18).

My exposure to certain clinical conditions and witnessing a variety of wound types allowed me to challenge my clinical decision-making. I gained a lot of confidence in communicating with patients and it allowed me to observe in a practical setting all the theory from university lectures and clinical sessions.

I have come to appreciate the Chinese culture more, and have gained insight into lower limb conditions such as leprosy, which I had never seen in Glasgow. Unfortunately I never did get the opportunity to see a patient with Chinese foot binding as the practice was made illegal in 1948, however a few elderly patients do present with it at Caritas Medical Centre.

Now that I have returned to the UK I hope to utilise the knowledge I have gained in this observational visit. I found going to Hong Kong a really enjoyable experience. The trip has felt like an adventure, and has motivated me to embark on a similar journey again, perhaps elsewhere in Asia.

Finally, I would like to express my thanks to the university tutors at Glasgow Caledonian University who encouraged me to enter into an observational placement abroad. I would

also like to thank the podiatrists in Hong Kong for all their help and support. Lastly, a big thanks to Cosyfeet for helping me to develop my clinical thinking.

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